UNIVERSITY OF ILLINOIS · COLLEGE OF MEDICINE · CHICAGO

"The College of Medicine exists to promote improvement in the health of the public, and all of its varied activities are so dedicated."

.... *From the Goals.*

1974-76
UNIVERSITY OF ILLINOIS BULLETIN

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AFFIRMATIVE ACTION PLAN

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It is the stated policy of the University of Illinois that appropriate qualifications for and performance of specific duties are the basic criteria for the employment and promotion of all University academic and non-academic staff. Equal opportunity and treatment shall be provided in the hiring, retention, training, transfer, promotion, and upgrading of all employees, without regard to race, age, religion, color, national origin, or sex.

CONTENTS

THE UNIVERSITY OF ILLINOIS

The University of Illinois was chartered in 1867 following the enactment in 1862 of the Morrill Land-Grant College Act. This act provided 480,000 acres of land which, when sold, made possible funds for the creation and operation of the University.

The University opened on March 2, 1868, as the Illinois Industrial University. Its name was changed to "University of Illinois" in 1885.

From its modest beginnings, the University has steadily grown to its present distinguished position among the great universities of the United States and the world. The main campus and administrative offices are located in Urbana-Champaign, 128 miles south of Chicago. Two major campuses are located in close proximity in Chicago's Near West Side.

Colleges of Agriculture, Commerce and Business Administration, Communications, Education, Engineering, Fine and Applied Arts, Law, Liberal Arts and Sciences, Physical Education, and Veterinary Medicine are located at the Urbana-Champaign campus. Advanced work is offered by the Graduate College, the Institute of Labor and Industrial Relations, the Jane Addams School of Social Work, and the Graduate School of Library Science. There is also a Division of University Extension and numerous bureaus, institutes, and schools, such as the Institute of Aviation.

The most recently opened campus of the University is the Chicago Circle facility, built on 107 acres of slum-cleared land. This dynamic new campus provides educational opportunities for more than 20,000 students. Degree curricula are provided by the Colleges of Liberal Arts and Sciences, Business Administration, Education (including the School of Physical Education), Engineering, and Architecture and Art.

The Medical Center campus of the University is located one mile west of the Chicago Circle campus in the midst of the 363-acre Medical Center District. The administrative offices of the College of Medicine together with the School of Basic Medical Sciences at the Medical Center, the Abraham Lincoln School of Medicine, and the School of Associated Medical Sciences, as well as the Colleges of Dentistry, Nursing, and Pharmacy, the School of Public Health, and the Graduate College, are located on the Medical Center campus. The University of Illinois Hospital (including the Eye and Ear Infirmary), the Library of Health Sciences, the Division of Services for Crippled Children, the Biologic Resources Laboratory, and the Research Resources Center are also an integral part of the campus.

THE COLLEGE OF MEDICINE

Executive Dean: W. J. Grove
Associate Deans: H. M. Bers, J. J. Hahn
Assistant Deans: J. C. Plagge, J. L. Preissig

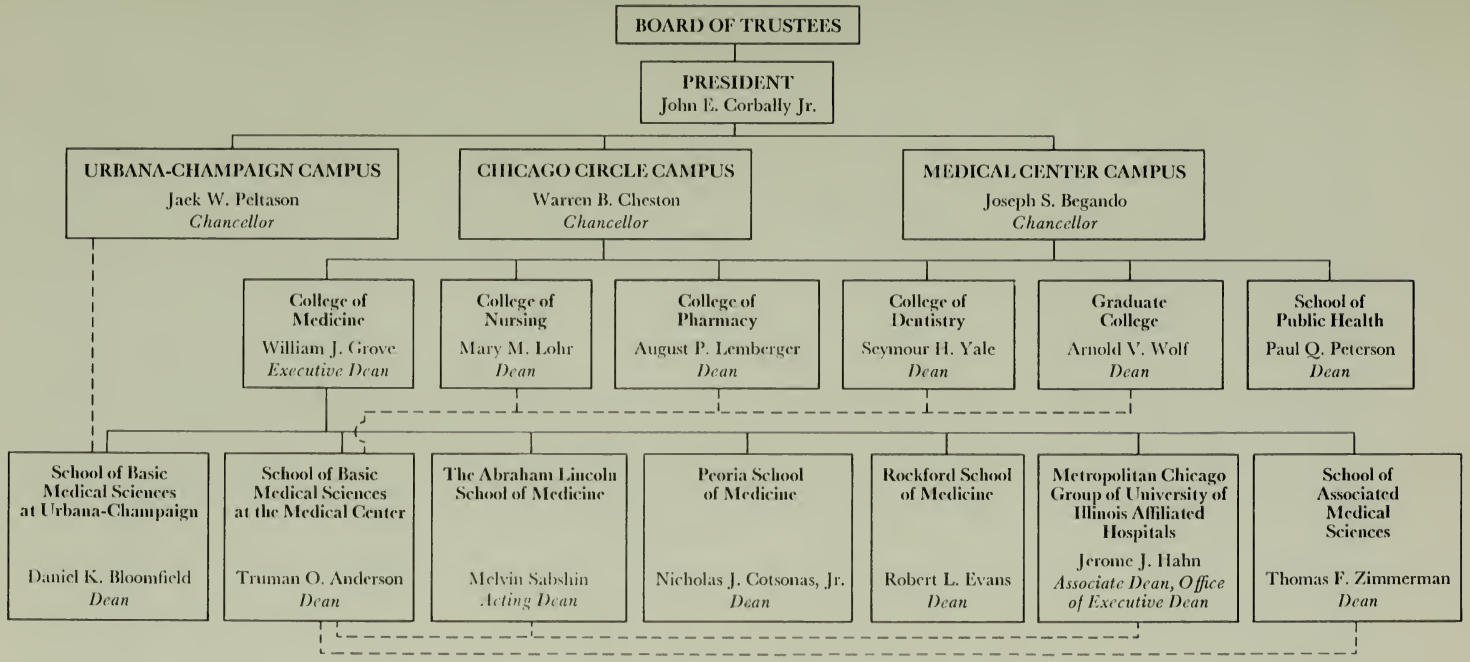
The administrative offices of the College of Medicine are located at 1853 West Polk Street, Chicago, in an area known as the West Side Medical Center District.

The College of Medicine was originally an independent institution. It opened October 14, 1881, as the College of Physicians and Surgeons of Chicago. Six years later it became affiliated with the University of Illinois under terms of a lease; then, in 1900, its name was changed to the College of Medicine of the University of Illinois. Not until 1913, however, did it become an integral part of the University. During most of its early history it was located on Harrison Street in the area now forming the Louis Pasteur Park. In 1931 the college moved to the corner of Polk and Wolcott streets where it is presently headquartered.

On July 12, 1969, the Board of Trustees of the University of Illinois approved plans for reorganization and expansion of the College of Medicine. These plans include a massive program for expansion of professional education in medicine at three levels: the curriculum for the M.D. degree, post-M.D. training, and continuing education of practicing physicians.

The College of Medicine now consists of the following units (see organizational chart, page 11): Office of the Executive Dean, including the college-wide Center for Educational Development and the Independent Study Program; the Abraham Lincoln School of Medicine (a three-year clinical school of medicine located on the Medical Center campus); the School of Basic Medical Sciences at the Medical Center (a one-year school located on the Medical Center campus); the School of Basic Medical Sciences at Urbana-Champaign (a one-year school located on the Urbana-Champaign campus); the School of Associated Medical Sciences (comprising baccalaureate degree programs in medical art, medical laboratory sciences, medical dietetics, medical record administration, occupational therapy, and physical therapy, located on the Medical Center campus); the Peoria School of Medicine (a three-year clinical school located in temporary quarters on the campus of Bradley University in Peoria, Illinois); the Rockford School of Medicine (a three-year clinical school in Rockford, Illinois); and the Metropolitan Chicago Group of University of Illinois Affiliated Hospitals (currently

UNIVERSITY OF ILLINOIS



Solid lines indicate administrative relationship; dotted lines indicate functional relationships.

serving the Abraham Lincoln School of Medicine students by providing educational programs). Descriptions of each of these units may be found in the section titled "Instructional Programs."

The college functions through a series of standing committees elected annually by its faculty. Responsibilities of each of these committees are described below. Students are regular voting members of all college committees except the Academic Council and the Administrative Advisory Council.

Each of the schools is administered in its internal affairs by its dean and faculty under the overall direction of the executive dean of the college.

ACADEMIC COUNCIL

The Academic Council has the responsibility to act on academic issues beyond the jurisdiction of individual schools, with special reference to student admissions, student appraisal and promotion, faculty promotion, educational policy, and research policy. Each school retains the responsibility to act on individual issues as they apply within the school. The executive dean serves as chairman of the Academic Council and consults with its members regarding selection and appointment of deans of schools and department heads, the budget, physical facilities, and administrative relationships outside of the college.

ADMINISTRATIVE ADVISORY COUNCIL

The Administrative Advisory Council, composed of school deans and directors, assists the executive dean in determining matters of budget, physical facilities, and administrative relationships of the college with outside organizations. The executive dean serves as chairman of this council.

COMMITTEE ON ADMISSIONS

The Committee on Admissions, appointed by the chancellor of the Medical Center campus, is responsible for formulating policies regarding admissions, for screening and recommending applicants for incoming classes, and for liaison with undergraduate colleges. Its membership is composed of students and representatives of all schools of the college. The executive dean serves as chairman.

COMMITTEE ON COMMITTEES

The Committee on Committees keeps the role of each of the standing committees of the college under continuous observation and study. It

makes recommendations for creation of new committees or discontinuation of present committees, makes recommendations concerning jurisdictional problems between committees, and submits nominations to the Academic Council for membership on all standing committees. The membership is nominated annually by the executive dean and approved by the Academic Council and faculty. Both faculty and students are members of this committee.

COMMITTEE ON EDUCATIONAL POLICY

The Committee on Educational Policy identifies those issues of educational policy which go beyond the interests or responsibilities of individual schools, and encourages joint educational efforts among schools. The committee also keeps informed of and reviews the programs of instruction in each of the schools, provides a forum for discussion of those issues regarding curriculum as may arise between schools, and makes recommendations to the Academic Council regarding matters within its jurisdiction. The committee is composed of representatives from each of the schools and of students.

COMMITTEE ON STUDENT APPRAISAL

The Committee on Student Appraisal is responsible for the preparation and administration of college certifying examinations and for review and approval of the examinations or other instruments for certification administered by each school. This committee is charged to assess the necessary knowledge, skills, and attitudes required by the faculty of its students. Presently the committee designs and administers a Basic Science Certifying Comprehensive Examination at the end of the first year of study for all students in the basic science schools and a Certifying Clinical Comprehensive Examination, which is a graduation requirement for all students. In addition, the committee periodically administers a Diagnostic Comprehensive Clinical Examination to all clinical students for feedback both to students and the respective faculties. The Committee on Student Appraisal also requires all students of the college to take National Board Examinations, Parts I and II, as certifying examinations prior to graduation. The committee is also responsible for the preparation and administration of Proficiency Examinations to the incoming medical students and for the design and administration of Qualifying Examinations for the determination of advanced standing as required. Its membership is derived from the student body and the entire faculty.

COMMITTEE ON STUDENT PROMOTIONS

The College of Medicine Committee on Student Promotions receives results of certifying assessments administered by the Committee on Student Appraisal, along with recommendations and comments from each school's progress committee, which help it to judge a student's performance. An annual report of each class is furnished to the committee. Students failing to meet the minimum standards for certification after the full academic curriculum of the first year in basic science will ordinarily be dropped for poor scholarship or, with adequate assurance of the individual circumstance, may be allowed repetition of curricula. For the clinical schools, each school reports to the college committee the status of any students that appear to be so academically deficient as to require consideration for either dismissal or for delay of graduation. Students in their final year who have not reached a satisfactory level of clinical competence or who have failed to pass the required certifying examinations (senior comprehensive examinations and National Board Examinations, Part II) will ordinarily be required to complete a period of organized study prior to retaking examinations involved in further consideration for graduation.

The committee makes specific recommendations to the Academic Council concerning the promotion or granting of a degree to each student, identifies outstanding students, and makes recommendations for honors to be accorded. The committee provides a hearing for any student wishing to present evidence that his performance is other than as judged by his school or by the Committee on Student Promotions. The membership comes from the faculty of all the schools and the student body.

COMMITTEE ON FACULTY APPOINTMENTS, PROMOTIONS, AND TENURE

The Committee on Faculty Appointments, Promotions, and Tenure is responsible for review of all recommendations for appointment or promotion to the rank of associate professor or professor, and for review of all cases of nontenure faculty members, in their sixth year of service, who are recommended for reappointment on indefinite tenure without promotion. The committee is composed of representatives of each school; its recommendations must be approved by the Academic Council.

COMMITTEE ON RESEARCH

The Committee on Research, composed of representatives of each school and the student body, is responsible for identifying and develop-

ing means of utilizing college and University facilities for more efficient and productive research. It explores and encourages sources of research funding, and advises the executive dean concerning the administration of general purpose research grants; in addition, the committee disseminates information about planned or ongoing research. The annual Student Research Forum is under the jurisdiction of the committee.

COMMITTEE ON STUDENT AWARDS AND SCHOLARSHIPS

This committee keeps the college informed about fellowships, scholarships, and awards established by the faculty and private donors, and recruits nominees for these awards. The annual Honors Day program is presented by the committee, which is composed of representatives from each school and the student body.

THE ACADEMIC POSTURE AND GOALS OF THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

The College of Medicine exists to promote improvement in the health of the public, and all of its varied activities are so dedicated. In keeping with its aim of leadership, the College of Medicine has as fundamental obligations the attraction of a superior faculty and student body, unstinting support of research, recognition and appreciation of the gifted teacher, and, above all, establishment of an intellectual climate where students and scholars at all levels may thrive.

The College of Medicine is committed to the education of physicians and other health personnel motivated toward and capable of a high standard of professional service; therefore, it must be a storehouse of existing knowledge, the source of new knowledge, and the driving force in the dissemination and utilization of both. There are various types of professional service rendered by physicians, such as family practice, specialty practice, research, teaching, preventive medicine, and administration. The undergraduate student should have the opportunity to become familiar with several professional roles and should be exposed to the intellectual stimulation inherent in each, so that he may choose that best suited to his own goals and abilities, so that he will have an adequate foundation for further training and growth toward his selected role, and so that he will better be able to integrate his professional activities with those who have assumed other roles. The college's concern for its student cannot end with his graduation, but should continue throughout his pro-

fessional career, through postgraduate medical education programs. Undergraduate experience should have inculcated the habits and desires for continued self-education.

The College of Medicine has the responsibility of searching for the superior student, attracting him to the college, and providing him with stimulation and opportunities for maximum development. The roles of student and faculty must necessarily overlap as both are needed to contribute to the educational endeavor and the intellectual environment.

The college should play a leading role in the extension of medical knowledge, and hence must attract superior teachers and investigators to its faculty, stimulate an interest in research among its students and faculty, and provide all possible support and recognition of such research efforts.

The college should be conscious of the need to deliver to the community its unique services. Inquiry into the health needs of the citizens of our state and into ways and means of providing for these through programs of health care must remain essential obligations of the college.

Inherent in the total program are constant self-examination and a willingness to change. While the College of Medicine continues its leadership in the achievement of these goals, it must remain responsive to the changing social and intellectual environments in which it exists.

REQUIREMENTS FOR ADMISSION

General Qualifications

A primary responsibility of the University of Illinois College of Medicine is to offer a program of studies leading to the degree of Doctor of Medicine. The college endeavors to fulfill its responsibilities by selecting applicants who, in the judgment of the Committee on Admissions, demonstrate the academic achievement, emotional stability, maturity, integrity, and motivation necessary for the successful study and practice of medicine. The Committee on Admissions is interested in evidence of capacity for mature and independent scholarship, and not in rigid patterns of course work. Therefore, regardless of race, creed, color, or sex, the committee will consider the quality of work of each applicant in all areas, the breadth of education, achievement in advanced projects, or work experience that demonstrates the applicant's imagination, initiative, and creativity. (See Appendixes 1 and 2 for policy statements on admission of minority groups and of women.)

Specific Requirements

1. A student seeking admission to the College of Medicine may elect any major field of interest. Biology, chemistry through organic, physics or biophysics, and behavioral science will be particularly helpful in preparing for study in the College of Medicine. However, major fields may be in the humanities, the fine arts, behavioral, biological, or physical sciences. Mathematics through calculus is especially recommended for those anticipating advanced work in basic or clinical research.

2. Applicants without baccalaureate degrees should be eligible to receive such a degree upon satisfactory completion of the curriculum of the first year in the College of Medicine. Students from colleges that do not grant a degree after the satisfactory completion of the first year of medicine may be considered for admission after satisfactory completion of three years (not less than ninety semester hours) of college work if such students are eligible for full senior status (eligibility to receive a baccalaureate degree after completion of the senior year) in that college.

3. All candidates must take the Medical College Admission Test as recommended and approved by the Association of American Medical Colleges.

4. Letters of recommendation are required of all applicants.

5. An interview may be requested by the Committee on Admissions.

Selection Factors. The selection of students is based upon an evaluation of the quality of the data presented by each applicant and upon the changing needs of society. Except in unusual circumstances, applicants whose ages range from nineteen to twenty-seven are given preference over those who may be younger or older. The Committee on Admissions gives strong preference to candidates who are residents of Illinois.

The applicant must have obtained a satisfactory score on the Medical College Admission Test, which must be taken no later than October of the year prior to enrollment. (For information concerning the test, write to: Medical College Admission Test, American College Testing Program, P.O. Box 451, Iowa City, Iowa 52240.)

A grade-point average for each applicant to facilitate evaluation of academic achievement is computed on the basis of grades recorded in the Office of Admissions and Records at the time the application is filed and includes all grades earned both undergraduate and graduate but excluding grades earned in such activities as physical education or band. In a system of four passing grades, A, B, C, and D, the grades are translated as follows: A = 5; B = 4; C = 3; D = 2. Where there are more

or fewer than four passing grades, the computation is adjusted to make the same level of accomplishment apply. The individual grades are multiplied by the respective number of semester hours which each represents, and the sum of these products is divided by the total number of semester hours taken. In the case of repeated courses both grades earned are counted in computing the average. Full compliance with the stated requirements may be waived by the Committee on Admissions for applicants possessing unusual qualifications. In addition to the cumulative grade-point average, the committee considers the overall education record of the applicant, including comparisons of achievement in science and nonscience courses and performances at each level of the education program.

Physical Examination. Each applicant who is tentatively accepted must have a physical examination by a physician on the staff of the University health service. A chest x-ray is also taken at this time. It is strongly urged that each applicant, after acceptance, visit his physician and dentist in order to attend to such matters as dental repairs and fitting for glasses. The student may find it difficult to have these essential things carried out without loss of time from classes.

A tuberculin test is performed on all medical students during their first year of medical school, and subsequent tuberculin tests are recommended if indicated. All students are urged to have annual chest x-rays; one is required before graduation.

Preference to Illinois Residents. In considering the applications for admission to the college, the Committee on Admissions gives preference to candidates who are residents of Illinois. Nonresidents may be accepted in numbers up to 10 percent of any incoming class. The places in the first-year class reserved for residents of Illinois are assigned to applicants from the area of Cook County and from all other counties according to the ratio between the population of that area and the total population of the state according to the latest federal census. If at any time the places available for one area are not filled, the remaining places may be assigned to applicants from the other. At the present time, the places in the first-year class assigned to Illinois residents are distributed between applicants from Cook County and applicants from counties other than Cook in approximately equal numbers.

Freedom.* The academic community at the University of Illinois College of Medicine is firmly dedicated to the goals of preserving and im-

* See Appendix 3 for statement concerning disruptive and coercive action.

proving the health of the community, state, and nation. The faculty, students, and staff have long functioned on the basis of mutual respect for the rights of others. The right of open and peaceful dissent from existing policies and practices continues to be freely available at the University of Illinois College of Medicine. The right of all members of the academic community to explore and discuss questions which interest them, to express opinions publicly and privately, and to join together to demonstrate their concern by orderly means is fully respected. Because the academic community itself is weakened when these principles are not adhered to, disruptive or coercive action will not be condoned. Persons engaging in coercive or disruptive actions shall be subject to disciplinary action within the College of Medicine, and to charges of violation of civil law, if appropriate.

Renewing Applications. An applicant who has been accepted for admission but fails to enroll, and who wishes to enter in a subsequent year, must reapply for admission as a new applicant and must meet all the requirements in force at the time of the new application.

Admission with Advanced Standing. It is possible to admit a limited number of students to advanced standing in the College of Medicine. This can be accomplished: (1) by transfer from another medical school; (2) by achieving a satisfactory score on the qualifying examination prepared by the College of Medicine and offered to graduate students in the biological sciences; or (3) through the COTRANS program of the Association of American Medical Colleges. In considering applications, the Committee on Admissions gives preference to the candidates who present the strongest scholastic records. Except in unusual cases, no student who is on probation or who has been dropped for any reason from a medical school is considered for admission.

Bachelor's Degree. The College of Liberal Arts and Sciences on both the Urbana-Champaign and Chicago Circle campuses accepts a total of thirty-two hours of credit from the first year at the University's College of Medicine to enable the student to complete the requirements for a bachelor's degree as well as a medical degree in seven rather than the usual eight years. This program requires that (1) the student be in good standing in the College of Medicine; (2) work taken at the College of Medicine does not duplicate work taken in premedical courses; (3) the student complete the third or last year of premedical study, consisting of at least thirty hours of credit, at Urbana-Champaign or Chicago Circle; and (4) the student meets all requirements for graduation from the College of Liberal Arts and Sciences.

The following are the College of Medicine courses accepted by the College of Liberal Arts and Sciences and the majors to which they apply:

1. Biochemistry 301, 302, and 303, to be applied to a chemistry major or for elective credit at the upper-division level for a total of six semester hours.

2. Physiology 301, 302, and 303, to be applied to a physiology and zoology major or for elective credit at the upper-division level for a total of ten semester hours.

3. Histology, to be applied to a zoology major or as elective credit at the upper-division level for a total of eight semester hours.

4. Gross Anatomy, to be applied to a zoology major or for elective credit at the upper-division level for a total of eight semester hours.

Combined Professional-Graduate Degree Programs. Graduate degrees represent tangible evidence of research training and are important symbols for lifetime reference. A combined professional-graduate degree program is available leading to M.D. or D.D.S. and M.S. degrees which may be completed within the four year period following matriculation in the professional college. Additional advanced credit may also be earned to apply toward the Ph.D. which may be completed after the professional degree is awarded, or before it is awarded, if a year is taken out of professional training and devoted to full time graduate work.

Interested professional students are urged to consider such a program. Many have found it a rewarding experience and an advantage in consideration of future academic or research positions. Specialty Boards may also give credit toward certification in a professional specialty for graduate level study, thus reducing time required for certification as a specialist.

Because the professional student acquires a broad basic science background in anatomy, biological chemistry, microbiology, pharmacology, physiology, and pathology during the pursuit of formal course work in the professional curriculum, only a minimal addition of formal graduate courses is required. For a Master's degree as few as five quarter hours of formal course work (usually one or two courses) in the 400 series may be sufficient in any one of the above mentioned basic science areas and the remaining forty-three quarter hours may be in seminars and research.

For the Ph.D. degree, sixteen quarter hours of formal courses are required and the remaining 128 hours may be earned in seminars and research. A student may pursue a degree in a basic science and develop his research and thesis under an adviser in the clinical departments. The thesis, however, must be basic science oriented.

Professional students are exempt from Graduate College tuition and fees. Registration for a full program of sixteen quarter hours during a free quarter (vacation, alternate quarter program) and five hours per quarter simultaneously with a full professional curriculum is permitted, with approval by the dean of the professional college concerned. By using all opportunities with a full professional curriculum, a student may complete from 108 to 130 hours toward the total of 144 quarter hours required for the Ph.D. degree by the time the professional degree is completed. In such a case, the combined degrees can be obtained within five years.

Selected students of high scholastic attainment may be eligible for waivers of tuition in both professional colleges, and in some instances, fellowships or assistantship stipends may be available as well.

After preliminary discussions with the department in which graduate studies are contemplated, the professional student should apply for admission to the Graduate College in the usual manner, and submit a Program Proposal for the Ph.D. Degree for approval by the Dean of the Graduate College.

SPECIAL ADMISSIONS PROGRAMS

Rural Applicants. The College of Medicine cooperates with a joint committee of the Illinois State Medical Society and the Illinois Agricultural Association in a program designed to increase the number of practitioners in rural areas of Illinois. This Medical Student Loan Fund Program results each year in the recommendation of a number of candidates for admission to the College of Medicine by the fund program board. The College of Medicine Committee on Admissions accepts those recommended students who it judges are more likely to succeed in medical studies. These students agree in return to practice in a rural area of Illinois for a period of five years. Low-cost loans are made available to those who enter the college.

Further information about the program may be obtained from: Secretary, Medical Student Loan Fund Board, Illinois Agricultural Association, 1701 Towanda Avenue, Bloomington, Illinois 61701.

Minority Group Applicants. The Medical Opportunities Program began in the summer of 1969 to recruit talented young people from minority backgrounds who wished to enter the medical profession. The program is sponsored by the medical and osteopathic schools of Illinois with offices at the Medical Center campus. Prospective students are offered guidance, counseling, encouragement, tutorial services, motivational experiences such

as field trips and films, and assistance in financial planning and in application to medical schools.

After enrollment in the college, assistance is offered through advisers, special study aids, counseling, and tutorials, to help each student succeed in his medical studies. Further information may be obtained from: Coordinator, Medical Opportunities Program, 845 South Damen Avenue, Chicago, Illinois 60612.

Application Instructions

Correspondence concerning applications for admission to any of the schools of the College of Medicine should be addressed to the Office of Admissions and Records, University of Illinois at the Medical Center, 1737 West Polk Street, Chicago, Illinois 60612. The college is participating in the American Medical College Application Service (AMCAS). Applications for first-year admission are available *only* from AMCAS, Suite 301, 1776 Massachusetts Avenue NW, Washington, D.C. 20036. Applications must be received between July 1 and December 15 of the year prior to enrollment. An application fee of $20.00 is required.

The applicant must present recommendations and a report of health evaluation. Although a personal interview usually is held with each accepted student, the Committee on Admissions reserves the right to take favorable or unfavorable action on the basis of materials submitted without inviting the applicant to appear for an interview. An interview will be arranged for any applicant who requests it. Although residents of Illinois are given preference, applications from nonresidents of the state are invited. All applications when completed are reviewed individually by the Committee on Admissions and the best qualified applicants are invited to register.

Early Decision Plan. This plan is an optional procedure by which a highly qualified applicant may request and receive an early decision regarding his application if the University of Illinois College of Medicine is his first choice of medical schools. Students participating in this plan must submit their applications and all credentials no later than September 1. A decision will be made concerning each applicant by September 30 so that candidates who are not offered places in the class have adequate time to seek acceptance at other medical schools.

Only a small percentage of each class is accepted by the early decision plan. Hence applicants who do not wish to participate in the plan have ample opportunity to be considered in the regular competition for the majority of the places in each class.

Detailed information concerning the early decision plan is included with the application for admission materials.

Deposits. Each applicant who is assigned a place in any class in the College of Medicine is required to make a deposit of $100.00 within two weeks of the date of notification. This deposit is applied to fees assessed the applicant at the time of registration. The entire deposit is refunded if the applicant cancels his place in the class by March 1. Fifty dollars of the deposit is returned if the applicant notifies the Office of Admissions and Records that he will not be able to enter, at least thirty days before the time for registration. The director of admissions is authorized to make refunds after that time when, in his judgment, the circumstances so justify.

FEES AND EXPENSES

All fees are payable in full when the student registers unless the installment plan of payment is elected. The Board of Trustees of the University reserves the right to change the fees at any time through publication in the annual announcements.

A schedule of fees effective at the time of publication for regular full-time students in the College of Medicine is listed below. Fees are payable for each quarter or semester at the time of registration.

	MEDICAL CENTER		URBANA-CHAMPAIGN*		PEORIA		ROCKFORD	
Per Quarter	*Ill.*	*Non-Ill.*	*Ill.*	*Non-Ill.*	*Ill.*	*Non-Ill.*	*Ill.*	*Non-Ill.*
Tuition	$294	$624	$441	$936	$294	$624	$294	$624
Service fee	54	54	58	58	—	—	—	—
Hospital-medical-surgical insurance fee	21	21	37	37	21	21	21	21
Total	$369	$699	$536	$1031	$315	$645	$315	$645

* Per semester

Late Registration Fee. Continuing students who register after the regular registration days in any quarter pay a late registration fee of $15.00.

Special Examination Fee. For any special examination to remove a failure, the fee is $10.00.

Transcript Fee. Each student who has paid all his University fees is entitled to receive without charge one transcript of his record. For each additional transcript the fee is $1.00.

Installment Fee. Students electing the installment plan for payment of tuition and fees are required to pay a service charge of $2.00. The service charge, not less than one-third of the current quarter's fees, and all fees and charges from previous terms must be paid on the day of registration.

Failure to make payment of fees within the time limits cancels at once the privilege of attending classes. Registration is not completed until fees are paid in full, and no credit is recorded for classwork completed unless all fees and other charges have been paid in full.

Refunds. If a student withdraws within ten days after the beginning of instruction, refund is made of the full amount of tuition and fees assessed except for a nonrefundable charge of $31.00. After the first ten days of class no refunds are made.

Expenses

From $125.00 to $150.00 a month may be regarded as adequate for a student's ordinary living expenses, exclusive of books, clothing, transportation, and miscellaneous needs. The cost of books varies between $100.00 and $150.00 a year. Each beginning student is required to provide himself with a satisfactory microscope. At the Medical Center microscopes may be procured from the Illini Bookstore on a rental basis. The office of the dean, for those schools located off the Medical Center campus, will arrange for rentals through the Illini Bookstore.

REQUIREMENTS FOR GRADUATION

Doctor of Medicine

The physician must not only be learned but must be an individual of high principles and character because society has placed an unusual level of confidence and trust in physicians and because of the unique relationship between the patient and his physician. Therefore the faculty recommends the awarding of the Doctor of Medicine degree only to those individuals who: (1) have successfully completed the approved educational program in medicine; (2) have demonstrated emotional maturity and stability; and (3) have through their personal behavior demonstrated integrity and honesty. For example, misconduct such as cheating on examinations, falsifying clinical data, or activities constituting criminal behavior may result in denial of the degree of Doctor of Medicine even though the individual has satisfactorily completed the academic program.

Unusual emotional or physical illness may be cause for deferring the degree until the faculty is satisfied that the illness is not incompatible with the practice of medicine.

Students must spend at least the last year of the undergraduate medical educational program at the University of Illinois, must meet general Uni-

versity requirements with respect to scholastic achievement, and must discharge financial obligations due the University.

Honors

A student with the requirements for graduation may be recommended by the Academic Council of the College of Medicine and the University Senate at the Medical Center campus for special honors. The honors awarded are noted on the diploma and in the commencement program.

INSTRUCTIONAL PROGRAMS

General

In its desire to provide the students of the College of Medicine with the best possible educational opportunities, the faculty has committed itself to a carefully designed and all-inclusive study of its educational programs. The All-College Committee on Educational Policy constantly reviews the programs of instruction of the component schools and makes recommendations for improvement. The Center for Educational Development, created in 1959, directs and implements reviews of existing programs and creation of new curricula.

The curriculum of each school is designed to place upon the student the responsibility for learning, and to encourage to the fullest the development of intellectual curiosity. In all years and all schools of the college, programs are designed to teach the scientific method, to promote learning by problem solving, and to develop the skills and attitudes of a mature physician.

The curricula in the basic science schools include anatomy, biochemistry, microbiology, general pathology, basic pharmacology, behavioral sciences, physiology, and genetics. In the clinical schools the teaching program is conducted in clinical clerkships in hospitals and outpatient facilities of affiliated institutions. Clinical applications of the basic sciences are emphasized in all years, especially pathology and pharmacology. Individual curricula of each school of the college are described beginning on page 32.

The academic calendar of the Medical Center, including the College of Medicine, follows the quarter system. There are four academic sessions each year of eleven or twelve weeks' duration. These sessions are designated Summer (Su), Fall (F), Winter (W), and Spring (Sp) quarters. The School of Basic Medical Sciences at Urbana-Champaign is on a semester system. Calendars for each school are approved annually by the Senate.

RESEARCH

Many faculty members in the college are engaged in original research, in areas related to either the basic medical sciences or the clinical sciences. A list of such research programs is provided in a separate brochure. Any medical student who is interested in engaging in research during the school year, during a summer vacation, or during an alternate quarter is encouraged to contact individual staff members. Research interests are

widely diversified and range from basic molecular biology to patient-related clinical research. A student may gain research experience for only one quarter with some faculty members, or may expand his research experiences as a basis for a graduate thesis. Several departments in the School of Basic Medical Sciences at the Medical Center and in the Abraham Lincoln School of Medicine (Anatomy, Biological Chemistry, Microbiology, Orthopaedic Surgery, Pathology, Pharmacology, Physiology, Radiology, and Surgery) offer the M.S. or Ph.D. degree and permit medical students to register for one of these degrees while simultaneously engaging in the medical curriculum. The experience gained from short- or long-term research with an individual faculty member constitutes an important adjunct to more formal medical education.

ELECTIVE COURSES

In addition to the courses required by the college, elective courses are offered by individual units. These courses are not for credit and are designed to meet specific needs of individual students. The faculty hopes that among these various elective opportunities its students will be able to find some program which will give an added dimension to the traditional experiences of attending medical school. Further information regarding these courses may be obtained from the office of the dean of any school. Registration in and completion of the course will be noted on the student's official transcript.

JAMES SCHOLAR PROGRAM FOR INDEPENDENT STUDY

The program for independent study has been created to provide students with an opportunity (1) to achieve the basic educational objectives of the College of Medicine at their own pace, utilizing those physical and intellectual resources of the institution most efficiently; and (2) to acquire greater competence in some facet of the health sciences than could be accomplished in the regular curriculum. Students will be held responsible for achievement of institutional objectives, but will not be expected to adhere to the standard pattern of instruction, although they may elect to participate in some of the regular class exercises. Each student will also be expected to choose an area of concentration. Although it is hoped that this interest will grow and deepen through the medical school years, a shift in the focus of special study may in some instances be desirable.

The James Scholar Program for Independent Study exists under the auspices of the clinical schools at Chicago [Abraham Lincoln School of

Medicine], the Peoria School of Medicine, and the Rockford School of Medicine. Students apply and are admitted directly to the program at the clinical school they will be attending. The James Scholar Program at the student's school oversees and guides his basic science study whether the student is studying at the School of Basic Medical Sciences in Chicago or the School of Basic Medical Sciences at Urbana-Champaign. Each school program has its own procedures for orientation, interviewing, and selection of students.

After admission to a James Scholar Program, participating students meet with faculty advisers to plan an individual curriculum, drawing from resources within and outside of the school. Some students who wish to engage in original research may elect to matriculate as combined M.D.-M.S. or M.D.-Ph.D. candidates. Other students may wish to pursue their interests in a general clinical or specialty practice setting, and so design their individualized curricula to develop exceptional competence in one area.

Promotion and graduation will depend upon successful performance on certifying procedures required in the College of Medicine and upon the recommendations of the school and college committees on student promotions. In order to be designated a James Scholar upon graduation, a student must submit an acceptable graduate thesis, pass an oral examination covering his area of study, or publish a paper in an acceptable medical journal.

For further information, address inquiries to the following persons in the respective clinical schools: Charles E. Johns, Ph.D., coordinator, Independent Study Programs [Abraham Lincoln School of Medicine], P.O. Box 6998, Chicago, Illinois 60680; Jerry I. Newman, M.D., associate dean for academic affairs, Peoria School of Medicine, 1400 West Main Street, Peoria, Illinois 61606; Daniel Richardson, Ph.D., assistant professor of pharmacology, Rockford School of Medicine, 1601 Parkview Avenue, Rockford, Illinois 61101.

SCHOOL OF BASIC MEDICAL SCIENCES
AT THE MEDICAL CENTER

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SCHOOL OF BASIC MEDICAL SCIENCES AT THE MEDICAL CENTER

Dean: T. O. Anderson

Assistant Deans: H. Jeffay, M. M. Kernis

Assistant to Dean: J. L. Payne

In the fall of 1971, the faculty of the School of Basic Medical Sciences at the Medical Center began implementation of a new curriculum designed to meet one overriding objective: "to educate our students as physicians, to apply to the limits of available knowledge the concepts of basic science in the prevention, evaluation, and amelioration of human diseases." To make the year of study in the School of Basic Medical Sciences most useful, the curriculum has been structured along "organ system" lines. It is in such a frame of reference that the information learned will be subsequently used. Most often disease processes become apparent in the decompensation of particular body organs or organ systems. This is evident in the observation that diagnoses such as "heart trouble," "kidney disease," or "neurologic problem" are familiar terms even to laymen.

However, such a curricular structure is not ideal. There is a need to consider certain basic science phenomena out of a clinical context; such phenomena cannot be understood unless they are analyzed in pure form at a relatively high level of abstraction. For this reason, selected elements of the various basic medical sciences are taught without reference to specific disease states. Examples include the basic vocabulary of biochemistry, concepts of chemical equilibria, fundamental aspects of virus-host cell interaction, membrane phenomena, and the structure and physical properties of various proteins, carbohydrates, and lipids. These subjects are normally considered part of such classic basic sciences as biochemistry and microbiology, and are so identified in our curricular schedules summarized in the table (see p. 33). Organ system presentations which require contributions from fields such as anatomy, biochemistry, physiology, or genetics, are designated as "themes" in this table.

There are several other features of the new curriculum which deserve comment. It is important for students to understand not only *what* they must know, but *why* they must know it and *how* what they know is applicable to the treatment of patients. To facilitate such understanding, the faculty from the School of Basic Medical Sciences has worked closely with the clinical faculty to develop a series of Disease-Oriented Programs (DOPs) for inclusion in the first-year curriculum. These presentations are generally given at the conclusion of a theme or organ system section

Scheduled Class Presentations for First Year Students, SBMS-MC

Theme	Lecture Hours	Laboratory Hours	Optional Hours	DOP* Hours	Examination Hours
FALL QUARTER					
Gross Anatomy	10	30			3 diagnostic 3 skills
Biochemistry	42				2 diagnostic
Genetics	15				2 diagnostic
Cell Biology (Histology)	6	6			2 diagnostic
Blood	17	2			2 diagnostic
Nerve Muscle	28	10		2	2 diagnostic
Connective Tissue, Bone, and Skin	13	6		2	2 diagnostic
Behaviorial Sciences	45	0			2 diagnostic
WINTER QUARTER					
Cardiovascular	18	8		2	2 diagnostic
Pulmonary	9	10		2	2 diagnostic
Gastrointestinal-Liver	32	8		4	3 diagnostic
Nutrition	18			2	2 diagnostic
Renal	20	8		2	2 diagnostic
Central Nervous System	30	16		2	2 diagnostic
Gross Anatomy					3 skills
Histology					3 skills
SPRING QUARTER					
Central Nervous System	15	6			2 skills
Endocrine-Reproduction	30	13			2 diagnostic
Host-Defense	38	26			2 diagnostic
Microbiology	38	14			2 diagnostic 2 skills
Pharmacology	6				

* DOP: Disease-Oriented Program

and are an illustrative application of the basic science concepts just covered. DOPs frequently involve participation of actual patients with clinical problems related to the organ system under consideration. Thus far the DOPs have been enthusiastically received by the first-year class.

For any educational effort to succeed, it is essential that both students and teachers have the opportunity to measure the student's progress. A series of diagnostic examinations are given at the end of each major portion of the curriculum. The questions on these examinations are prepared by the faculty members teaching the subject material in lecture and laboratory, are reviewed by an interdepartmental committee of experts, and are structured by the testing service of the Center for Educational Development. At the completion of an examination, the students turn in an answer sheet but retain a copy of their responses along with the questions. Immediately after the examination, the teaching faculty joins the entire student group for a one- to two-hour postmortem of the diagnostic examination, discussing both the questions and their appropriate answers. Through this mechanism, the students are able to measure their progress in understanding the material covered by the examination, and can take the necessary steps to correct deficiencies. The diagnostic examinations have proven very popular with the students and faculty and have been of great value in further refining the instructional program.

The College of Medicine values independent study highly. The real job of any faculty is to facilitate learning by the student, to guide the student in his search for understanding; the basic responsibility for learning rests with the student alone. For this reason much effort has been spent to provide students with self-study aids, outlines, references, and self-assessment devices. It is our conviction that the best way to maintain competence, through the long years of a professional career, is the early and sound development of self-study habits. So far as is possible, we allow students to learn at the rate and by the methods which best suit them individually.

Within the School of Basic Medical Sciences there are many elective offerings available. These range from courses in the Graduate College to informal seminars and discussion sessions on subjects of special interest. These and the opportunities for research are more than can be taken advantage of, even by the most gifted students with the most intense desire to learn.

One final comment: the faculty of the School of Basic Medical Sciences has one chief task, to *help* the student embarking on a medical career to learn those things he must know and use in the practice of his profession. The faculty approaches this task with dedication, and offers to each entering student an education limited only by that student's ability to learn.

ANATOMY

Professors: K. A. Rafferty, Jr. (Head of Department), E. L. DuBrul, R. F. Inger, O. F. Kampmeier (Emeritus), R. H. Krehbiel, G. A. LaVelle, H. Monsen, J. C. Plagge, E. H. Polley, S. R. M. Reynolds (Emeritus), W. A. King Reynolds, A. J. Schmidt, P. J. Van Alten, G. von Bonin (Emeritus), R. Zangerl, A. A. Zimmermann (Emeritus)

Associate Professors: H. R. Barghusen, L. A. Benevento, P. A. Casella, A. F. Cipolla, T. Hanai, N. L. Johnston, R. E. Kelly, M. M. Kernis, L. G. Khedroo, R. P. Scapino, F. A. Vicari, A. E-M. E. Zaki

Assistant Professors: C. H. Anderson, W. A. Clark, Jr., J. A. Colgan, J. L. Cracraft, M. L. Lazarus, H. G. Sachs

Lecturer: A. A. Hirata

Associate: L. Jasch

Instructors: N. Kinderman, G. B. Stanton

The offering in anatomy combines material from the traditional tripartite divisions of gross anatomy, neuroanatomy, and microscopic anatomy, and integrates these with core offerings of other basic science departments. Dissection of the

body (gross anatomy) begins early and continues throughout the year. Offerings in microscopic anatomy begin with cell structure and the organization of basic tissues, since these are necessary for understanding the structure and function of all body structures. As particular organ systems are taken up in the integrated curriculum, appropriate microscopic anatomy (histology) is introduced. Most of the offering in neuroanatomy occurs later in the year, again in integrated form, and largely in collaboration with offerings of the Departments of Physiology and Pharmacology. Delayed emphasis upon the neurosciences serves as a basis for integration and review of material dealing with the major organ systems.

Laboratory experience is especially important in anatomy, with direct study of the human body and its components. Much time is spent in use of the microscope and in dissection, in addition to formal lectures. Clinically-oriented presentations are frequently given in the first year and often emphasize anatomical features as a prime basis for understanding pathological processes.

BIOLOGICAL CHEMISTRY

Professors: A. Nisonoff (Head of Department), S. B. Binkley (Emeritus), M. K. Horwitt, H. Jeffay, C. A. Johnson (Emeritus), T. C. Myers, S. T. Nerenberg, B. Weissmann

Associate Professors: A. D. Barton, C. C. Doughty, M. S. Hanlon, R. Kathan, J. Molnar, N. Ressler, E. B. Titchener

Assistant Professors: D. F. Albertson, C. Arsenis, E. G. Brunngraber, B. Century, R. D. Coleman, T. O. Henderson, R. R. McKiel, S. N. Millner, K. R. Swiatek, M. Tao, J. C. Vary

Research Associates: A. J. Costello, R. M. Srivastava

Biological chemistry is a science in which the fundamentals of the different branches of chemistry (organic and physical) and biology are combined to achieve a better understanding of the chemical constitution and processes of the living organism. Two general aspects extend the sciences of anatomy and physiology into the realm of the invisible: chemical structure is anatomy at the molecular level; the study of the chemical processes of the living organism is physiology at the molecular level.

During the first year of medical school, biological chemistry is taught at two levels. One part of the course is designated as 'domain.' In this segment the fundamentals of structure and the function of biologically important substances are described. Other aspects of basic biochemistry are introduced as parts of 'themes', which encompass organ systems, such as blood or kidney. Within the 'themes', all aspects of a particular organ system are covered. An effort is made to discuss the biochemistry of an organ with a comprehensive view of the anatomy and chemical processes which take place within the organ. This lays a foundation upon which the student should build, as other subjects are studied,

to receive the full benefits of the application of chemistry to clinical medicine. Later in the medical curriculum, elective courses are offered which cover the biochemistry of disease processes in greater depth.

Instruction in biochemistry has three principal objectives: (1) to teach students to think in chemical terms about physiological processes and changes; (2) to develop an appreciation of quantitative thinking and action; (3) to familiarize students with some of the more important clinical chemical concepts. Aspects of biochemistry related to abnormal as well as normal functional processes are stressed.

Advanced study and research is available for those students who wish further experience in this field. Those interested in pursuing a career in medical biochemistry should consider the possibility of entering the combined M.D.-Ph.D. program; for further information consult the department.

CENTER FOR GENETICS

Professor: C. Cohen (Head of Center)

Associate Professor: H. J. Barr

Assistant Professors: J. G. Adams III, J. DeSimone, W. J. Heinze, R. G. Tissot

The Center for Genetics serves to introduce genetics into medical education at all levels, and acts as a focus for members of the University who are interested in genetics or genetic approaches to their particular discipline. The center includes both full-time members and participating faculty from other departments.

The specific aims of the center are: to provide instruction in genetics in the medical curriculum; to provide, when necessary, formal courses in fundamental genetics for other colleges and curricula at the Medical Center; to present a curriculum leading to advanced degrees in genetics as well as to develop elective courses in various areas of genetics; to provide a means of communication within the Medical Center on genetic topics through seminars and short courses; to provide research information and materials for investigators who wish to use mammalian materials of known genetic constitution; to provide a genetic counseling service to the community; and to develop information and counseling programs to accompany large-scale epidemiological studies.

MICROBIOLOGY

Professors: S. Dray (Head of Department), B. R. Andersen, T. O. Anderson, F. W. Deinhardt, G. di Mayorca, J. E. Kempf (Emeritus), N. Khoobyarian, A. V. Kroeger, L. J. LeBeau, A. Nisonoff, R. W. Pumper, E. E. Vicher

Associate Professors: P. Baram, C. G. Bell, D. A. Giacomoni, C. W. Hammond (Emerita), R. Haque, K. L. Knight, R. L. Northrop, H. Reiter, W. I. Taylor, E. J. Wawszkiewicz, A. Widra

Assistant Professors: R. G. Crispen, G. A. Molinaro, R. A. Murphy, R. E. Paque

Research Associates: L. Arnold, R. A. D'Agostino, W. L. Hunt, E. O. Major, A. Sachs, C. Wisdom, P. J. Wright, V. J. Yakulis

Instructors: W. Landau, B. Marczynska, J. S. Pierce

The courses in microbiology and immunology, concentrating on a study of infectious agents and host defense, are offered during the third quarter of the first year. One course emphasizes understanding the fundamental properties of microorganisms and the way various microorganisms cause infectious diseases. The other course is concerned with the basic principles of immunology and the host nonspecific defenses as well as the immunologic mechanisms which lead to hypersensitivity, disease, or immunity. The laboratory is designed to provide an appreciation of the techniques used in investigative and diagnostic microbiology and immunology, and to help students develop a critical attitude toward the interpretation of experimental data, especially in reference to diagnostic problems.

Courses — First Year — Core Curriculum

Microbiology and Immunology (Immunology and Host Defense). Chemistry of antigens; antibodies; immunogenetics of blood and serum groups; histocompatibility genes; nonspecific immunity; immunological mechanism of diseases involving hypersensitivity and auto-immunity; transplantation and tumor immunology; immunity and resistance. The course has four lectures and two laboratory hours each week.

Microbiology and Immunology (Microorganisms as Agents of Human Diseases). Morphology, growth, nutrition, and metabolism of bacteria and viruses; action of antibiotics and other antimicrobial agents; microbial genetics; consideration of individual bacteria, viruses, fungi, and protozoa as microbial agents of disease; pathogenicity of microorganisms. The course has four lectures and two laboratory hours each week.

An alternate quarter program is also available to students in the clinical schools.

PHARMACOLOGY

Professors: K. R. Unna (Head of Department), E. G. Anderson, H. Feinberg, T. J. Marczynski, W. R. Martin, E. W. Maynert, M. P. Schulman, T. R. Sherrod, L. F. Soyka

Associate Professors: P. H. Bogner, R. D. Green

Assistant Professors: R. L. Foreman, L. Isaac, D. R. Jasinski, E. Kent, J. C. Kusek, R. A. Levy, H. K. Proudfit, III, M. Radulovacki

Lecturers: V. A. Drill, H. Isbell, I. H. Slater

Pharmacology deals with the qualitative and quantitative aspects of the action of drugs upon living organisms. The required courses in pharmacology acquaint the student with the properties and mechanisms of action of drugs used in diagnosis, prevention, and treatment of disease, thereby providing a rational basis for therapy.

Modern pharmacology includes pharmacodynamics, chemotherapy, toxicology, drug metabolism, psychopharmacology, and pharmacotherapeutics. Pharmacodynamics studies the effects of chemical agents on cell function by experimentation on living tissues ranging from cell fractions to the whole organism; these drug-induced alterations in function and metabolism are measured by methods which are common to pharmacology, physiology, and biochemistry. Chemotherapy is the study of selective toxicity of drugs for microorganisms and parasites; studies of compounds designed to exert a selective toxicity for neoplastic cells form the basis of cancer chemotherapy. Toxicology studies the noxious action of chemical compounds and the means of combating their inimical effects. Psychopharmacology explores the effects of drugs on mood and behavior, employing, among other procedures, psychometric methods developed by psychologists. Therapeutics deals primarily with the clinical use of drugs, their action, effectiveness, and indications and contraindications in treating patients presenting signs and symptoms of abnormal functions.

Pharmacology is interwoven with all medical sciences. A clear comprehension of the chemistry of drugs and the biochemical and physiological response which they may influence is prerequisite to the interpretations of pharmocodynamics. An understanding of the effects of drugs on pathological processes requires an understanding of the normal anatomy and the pathology of the structures affected.

Pharmacology is also closely connected with all branches of clinical medicine; rational medication is based upon accurate diagnosis and a concise knowledge of the action of the drug prescribed, either to combat the cause of the disease or to correct a dysfunction caused by the disease.

PHYSIOLOGY

Professors: A. Omachi (Acting Head of Department), P. O. Bramante, R. Greenberg, A. F. Grimm, R. C. Ingraham (Emeritus), A. C. Ivy (Emeritus), J. P. Marbarger, S. F. Marotta, A. V. Wolf

Associate Professors: P. L. Hawley, R. F. Loizzi

Assistant Professors: D. L. Ford, A. D. Hartman, G. L. Humphrey, S. M. Kilen, A. J. Miller, M. S. Millman

Lecturer: H. E. Himwich (Emeritus)

Research Associate: W. E. Marshall

Physiology is the study of living organisms, organs, tissues, and cells with emphasis on their normal functions. It utilizes the knowledge, concepts, and techniques of the physical and mathematical as well as the biological sciences, but it remains a distinct discipline.

The program for medical students deals mainly with human and mammalian physiology. It is offered as part of a comprehensive core of basic medical sciences, including anatomy, biological chemistry, microbiology, genetics, and pharmacology. The program provides a sound basis for the curricula of the clinical schools, for medical practice, or for graduate studies. In addition, the department offers electives for didactic or laboratory work, including an extended roster of courses listed in the Graduate College catalog.

Research activities of the department span major subdisciplines including physiology of cells, heart, respiration, liver, kidney, neurophysiology, endocrinology, biophysics, energy, water and electrolyte metabolism, and bioengineering.

Interested students are encouraged to pursue advanced work in physiology in the Graduate College program of the department. Candidates for the combined M.D.-Ph.D. degrees are welcome; opportunities may be explored in consultation with staff members.

SCHOOL OF BASIC MEDICAL SCIENCES
AT URBANA-CHAMPAIGN

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SCHOOL OF BASIC MEDICAL SCIENCES AT URBANA-CHAMPAIGN

Dean: D. K. Bloomfield

Associate Deans: J. D. Anderson, R. E. Schaede

Assistant Deans: T. E. Gamble, D. E. Harms, W. E. Sorlie

Professors: J. D. Anderson (Physiology), D. K. Bloomfield (Medicine), J. W. Drake (Microbiology), L. P. Hager (Biochemistry), C. H. Hockman (Physiology), M. S. Schoenberg (Pathology), R. E. Shelton (Physical Education), R. L. Watterson (Zoology), G. Weber (Biochemistry/Biophysics), W. R. Zemlin (Speech)

Associate Professors: J. M. Clark, Jr. (Biochemistry), D. C. Savage (Microbiology), R. L. Switzer (Biochemistry)

Assistant Professors: D. J. Barker (Physiology), D. Bieger (Zoology), A. K. Cunningham (Histology), W. L. Daniel (Genetics), M. G. Gabridge (Microbiology), T. E. Gamble (Administration, Higher and Continuing Education), R. I. Gumport (Biochemistry), J. A. Harris (Physiology), B. S. Katzenellenbogen (Physiology), S. J. Kaufman (Microbiology), W. O. McClure (Biochemistry), G. Ordal (Biochemistry), O. D. Sherwood (Physiology), R. L. Terjung (Physiology/Biophysics)

Volunteer Faculty: B. D. Adams, R. C. Adams, N. R. Amin, E. G. Andracki, J. O. Ankenbrandt, R. C. Arnold, J. L. Bailen, R. S. Baller, H. J. Banton, A. Baquero, D. L. Barnes, S. Barnett, H. J. Bavor, R. A. Baylor, Jr., H. E. Beede, C. J. Belber, J. A. Bertsche, D. R. Bey, Jr., J. R. Boatright, S. J. Bobowski, S. J. Bonds, J. A. Bostrom, R. G. Bowen, J. D. Brodsky, R. W. Brunner, W. L. Brunswick, M. K. C. Buetow, H. J. Burstein, J. D. Carr, R. E. Chapman, G. A. Chiligiris, D. K-Y. Chow, C. L. Chu, J. C. Cleveland, E. M. Collins, J. C. Cooley, J. B. Corbett, C. C. Danehower, Jr., M. de Anda, P. H. DeBruine, R. H. Deering, O. Deneen, L. S. Dickinson, E. F. Dietrich, R. A. Dougherty, C. F. Downing, R. E. Dukes, M. E. Ehrhardt, W. R. Elghammer, J. G. Ellis, H. English, A. L. Ennis, E. R. Ensrud, R. A. Ewald, G. E. Fagan, H. J. Failor, V. F. Feldman, D. A. Fischer, G. W. Fiscus, W. Fliesser, A. C. Frell, H. P. Friedman, J. Friedman, H. C. Fritz, C. Gianturco, M. R. Glaser, C. G. Glenn, E. E. Goldberg, S. R. Goldberg, S. E. Goldstein, E. Greenberg, C. Greenstein, W. E. Greenwold, T. E. Griffith, E. R. Grigg, E. P. Grogg, D. R. Hamilton, D. M. Hayes, E. P. Hays, R. B. Helfrich, W. F. Hensold, E. N. Hetherington, H. A. Hindman, Jr., W. K. Hite, M. W. Hollowell, B. Smith Hopkins, Jr., J. H. Howeworth, R. M. Hoyne, M. W. Huffman, J. D. Hull, B. M. Ianzito, J. M. Ingalls, G. E. Irwin, Jr., J. J. Jemsek, D. K. Jones, L. F. Kaiser, A. F. Karich, J. B. Kaufman, L. W. Keefe, F. A. Klemm, M. Koeck III,

H. J. Kolb, M. Korry, E. P. Kosyak, F. J. Kresca, C. J. Krock, M. H. Kulwin, J. M. Laidlaw, L. R. Lane, A. H. Leavitt, I. M. Lebenson, F. L. Lesko, S. L. Levin, G. S. Lietz, H-C. Lin, A. E. Livingston, A. M-I. Lo, G. R. Locke, P. C. Lynch, H. C. Magill, R. R. Manson, I. Maratos, J. C. Mason, Jr., L. E. Massie, A. R. Matteson, G. B. Maynard, Jr., C. A. McClelland, W. M. McCormack, R. C. McFaul, H. P. McGinnes, R. K. McGregor, W. L. McLane, L. E. McNeill, T. P. McNeill, A. F. Menguy, O. J. Michael, R. D. Miller, D. E. Mitchell, T. T. Mitchell, K. R. Momtaz, J. A. Moore, I. Morhaim, D. W. Morse, C. T. Moss, Jr., R. D. Mussey, K. M. Neuberger, H. C. Nuecks, S. O. Obaldo, R. B. Olstad, D. A. Palacios, R. J. Parker, C. Perez-Manzano, L. G. Perucca, W. R. Petersen, A. A. Peterson, G. O. Pfeiffer, O. Polit, J. W. Pollard, T. E. Pollard, G. L. Porter, M. M. Ramsey, R. A. Ramsey, A. J. Rarick, P. S. Reeder, W. H. Requarth, L. K. Richards, B. H. Robbins, Jr., B. E. Robinson, W. Rohde, J. F. Rojas, C. F. Roland, A. Rome, D. Ross, E. L. Rowan, R. B. Rowe, D. G. Rumer, B. Ruskin, F. H. Russ, M. J. Russo, B. L. Safman, C. N. Salesman, R. E. Samuelson, R. E. Schaede, J. D. Schmale, M. J. Schrodt, D. F. Schultz, R. F. Schwerdt, D. L. Scott, G. L. Seitzinger, J. R. Shackelford III, W. T. Shaffer, O. N. Sharma, C. R. Shepardson, H. L. Shinall, G. C. Shonat, W. C. Simon, T. R. Skaggs, E. K. Sleator, B. B. Smiley, S. E. Smith, Jr., W. C. Smullen, R. E. Sostheim, M. C. Spencer, C. O. Stanley, P. R. Stanley, R. M. Stauffer, M. Stefanini, J. A. Stephens, L. A. Steward, L. M. T. Stilwell, P. R. Stubing, F. Sukkar, C. E. Swanger, A. Sweet, R. F. Swengel, M. S. Tabin, S. N. Tager, L. W. Tanner, A. M. Taylor, R. P. Taylor, S. W. Thiel, R. E. Tirona, W. J. Toland, F. B. Toledo, A. R. Traugott, L. Trupin, R. J. Twohey, R. J. VanCleave, A. L. Van Ness, J. P. Velek, H. E. Wachter, J. B. Waller, J. J. Walsh, C. H. Walton, P. C. Webb, I. Weissman, R. E. Welke, H. L. Wibbels, B. T. Williams, F. A. Winters, R. L. Wolf, H. E. Wolfe, Jr., J. L. Wright, P. W. Yardy, C. R. Young, J. A. Zalar, Jr., E. N. Zinschlag

Curriculum

The educational program is based on the following assumptions: 1. All students admitted to the medical program have the ability to achieve the M.D. degree and failure to complete the program will be defined by the student himself. 2. It is possible to define specific behavioral objectives that describe for the student what he is expected to know at the end of his instruction. The emphasis is on learning rather than teaching which places the burden of progress on the student. The student entering this program should be oriented towards self-motivated independent study.

3. The student's progress through the curriculum should be in accordance with his ability to master the curriculum goals. Understanding is more important than time, and the student becomes the limiting factor at his own rate of education. 4. Basic medical science learning can be approached from multiple entry points and can be adapted to take advantage of the variety of learning styles and motivations present among students. Through the use of behavioral objectives and multiple learning experiences for each objective, a student knows what is expected of him, and has various methods available by which to achieve it. 5. The fundamental goal of a medical school is to train the individual first as a general physician, not as a specialist. 6. Basic medical science which is pertinent to the medical education of the student is pertinent to the physician in practice. 7. The involvement of the practicing physician in a teaching program insures relevance in the educational process and provides opportunities for continuing education. 8. Medical education and continuing education can occur simultaneously so that the student, the practicing physician, and the community all benefit. 9. Basic medical sciences should be taught in an atmosphere of medical care with the student learning in a clinician mode rather than as a graduate student.

The basic science curriculum of SBMS-UC is organized to provide the beginning medical student with skills which will allow him to enter a clinical training program for the M.D. degree. In each of the several disciplines he must: (1) learn the discipline concepts and language; (2) be able to interpret data related to the discipline and have a familiarity with current literature; (3) be able to interpret signs and symptoms of diseases in terms of basic science principles; (4) achieve minimum passing levels on internal comprehensive examinations and external examinations such as those given by the National Board of Medical Examiners; and (5) achieve self-instructional skills.

The following basic medical sciences are detailed in the first year curriculum: anatomy (gross, microscopic, and topical); behavioral sciences; biochemistry; biostatistics; community medicine; genetics; histology; immunology; microbiology; pathology (general, gross, and microscopic); neuroanatomy and neurophysiology; pharmacology; physiology; and the art of history taking and physical examination.

These basic science disciplines have been broken down into learning units divided among ten clinical problems that directly relate basic medical science to human disease.

The curriculum for each discipline was developed by a team composed of basic scientists, who served as content experts, and practicing physicians,

The campus faculty exposes the medical student to the skills required for basic sciences research.

who related curriculum content to clinical problems. Each team defined the elements and skills in a discipline necessary for the practice of scientific medicine.

Learning is accomplished in a guided study, problem-oriented mode using clinical problems to complete the coverage of the basic medical sciences. Patients serve as entry points into specific disease problems that demonstrate interdisciplinary principles. The student acts as a beginning doctor in defining and understanding these problems in terms of basic medical science.

Studying basic medical sciences through the use of disease problems means a restructuring of the sequential learning pattern that has been traditional in medical teaching. Pathology and physical diagnosis, usually covered in the second year of medical school, are encountered in the first week of this program. The student deals first with pathology and works

The dean and his staff work with students and faculty in facilitating learning experiences.

from the abnormal to an understanding of the normal. The teaching of physical diagnosis at an early stage takes advantage of the enormous motivation of beginning medical students.

The Role of Faculty

The faculty is divided into two major groups: (1) the basic science faculty with full-time joint appointments in SBMS-UC and a campus department such as Physiology and Biophysics, Microbiology, Biochemistry, etc., and (2) the clinical faculty who are physicians in the full-time practice of medicine.

The role of the campus faculty in the program is to facilitate learning. Together with practicing physicians, they define program content of knowledge and skills by continuously revising and updating the curriculum. Instead of functioning as imparters of knowledge, they serve as managers and promoters of the learning process. Each full-time basic science faculty member serves as an adviser for three or four medical students. This campus faculty adviser (CFA) acts as a resource by helping students with problems or by directing students to other appropriate resource persons.

The clinical faculty is divided into three separate areas: physician-advisers (MDA), physician-evaluators (MDE), and physician-curriculum developers (MDCD). All are nonsalaried.

The MDA who may be in any field of medicine, volunteers four hours per week to work with one student, assisting him in any way he can to guide him through the complex curriculum. He functions primarily as an adviser, tutor, and consultant to the student. The one-to-one relationship between student and adviser is the key to the program. It is a relationship in which both are relatively comfortable and *both* are learning.

A second member of the clinical faculty team is the physician-evaluator (MDE). The MDE is a practicing physician who functions in a similar but more formal fashion than the MDA. It is his task to examine the student's progress as the student completes each disease problem. The MDE makes the final decision as to whether or not the student may progress to another problem. This system identifies areas of strength and weakness, and allows the student to proceed through the curriculum at a pace consistent with his own abilities.

The third member of the clinical faculty team is the curriculum developer (MDCD). There are at least two in each discipline area. The MDCD adds clinical input for the basic scientist in the structuring of curriculum content. In addition to developing and updating the curriculum, the MDCD continues to function as a consulting specialist for the student in areas of his own expertise.

Student Program

Students accepted to the Urbana-Champaign program are required to take the College of Medicine Proficiency Examination at the beginning of the year. This gives perspective to the student's background and preparation. During the orientation period the student is acquainted with the curriculum and the rudiments of physical diagnosis and history taking.

Basic science medical students work closely with regional doctors. The physician-adviser introduces the student to hospital procedure, while the physician-evaluator tests and assesses student progress.

He then spends the remainder of the year mastering the curriculum content according to his developing interests.

Students must be prepared to travel within a sixty mile radius of Urbana-Champaign for physician and hospital contacts. On the average, the student spends four hours per week with his physician-adviser (MDA)

and one hour with his physician-evaluator (MDE) at mutually convenient times. He attends periodic topical seminars or laboratory experiences during the year. These sessions allow the faculty to present special material, and give the student an opportunity to attend special laboratory exercises, demonstrations, or other programs best learned through active participation. Clinical laboratory skills are developed by the students through the use of hospital laboratories. Students are expected not only to master the content and principles of the basic sciences, but to relate these to clinical diagnosis and treatment.

In approaching the curriculum, the student meets with his MDA to select a suitable patient for his clinical problem. The patient is chosen from the practice of the MDA or one of his associates, and can be seen by the student in the hospital, clinic, or home. Before the student sees the patient, the MDA engages him in a general discussion of the patient's problem, and how it relates to the basic sciences. The student may choose to study preliminary material about the problem or be introduced directly to the patient by the MDA. In introducing the student to the patient, the adviser demonstrates significant features of history taking and physical examination. Thereafter, the student proceeds independently and at his own pace to examine patient data and then to master the basic sciences for that clinical problem.

When the student believes he has mastered the curriculum, he is administered a comprehensive examination on all basic science elements assigned to that clinical problem.

Evaluation

The evaluation of progress is built into the curriculum in three areas: (1) self-testing of each learning unit by the student via a Pretest (Level I) and a Post-test (Level II); (2) objective faculty evaluation through the use of a comprehensive basic science examination given after each clinical problem, and (3) evaluation by each student's MDA and MDE over the clinical aspects of correlating the basic sciences to clinical problems. A specific description of SBMS-UC evaluation procedure is as follows:

Pretest (Level I)

This is an objective-type test (multiple choice, fill in, true-false, short answer) which is a representative sample of the unit content and of the types of specific learning behaviors that are required for understanding

the subject matter covered in the unit. The student has access to the answers and can use the exam as a proficiency and diagnostic instrument.

Post-test (Level II)

This test is also included in each learning unit and has the same characteristics as the Pretest. It can be used by a student to determine his mastery of the objectives in the learning unit and to indicate his weak and strong areas in the unit.

The school stresses that students should discuss problem areas first with their campus faculty advisers. The students should not expect their MDA to teach them the detailed basic sciences.

Basic Science Examination (Level III)

Level III is a cumulative examination over all basic science units included in a clinical problem. The questions and answers are not available to students. The school administers and scores each Level III examination and sends the results to all persons involved with the student, i.e., MDA, MDE, and CFA. The results of this examination give the school objective feedback regarding the student and the curriculum. The CFA meets with the student immediately following this examination to discuss problem areas, recommend remediation and authorize progression to the Level IV examination and the next clinical problem. The MDA may use the questions in the Level III examination as a guide in directing his student through a clinical problem.

Clinical Correlation Examination (Level IV)

This oral examination is administered by the MDE. It affords him an opportunity to determine the student's effectiveness in relating the basic sciences to clinical problems. This examination, along with the Level III examination, arms the MDE with sufficient information to determine a student's competence over each clinical problem.

Facilities

SBMS-UC is located on the Urbana-Champaign campus of the University of Illinois giving it access to the facilities of a major teaching and research university. The medical science addition to Burrill Hall provides 20,000 square feet of teaching and research space.

The affiliated hospitals provide pathology laboratories, specialized wards, emergency and out-patient clinics, and other hospital-related facilities. These hospitals include: Brokaw Hospital (265 beds), Burnham City Hospital (220 beds), Carle Foundation Hospital (234 beds), Charleston Community Memorial Hospital (65 beds), Decatur Memorial Hospi-

tal (423 beds), Lake View Memorial Hospital (231 beds), Mattoon Memorial Hospital (100 beds), Mennonite Hospital (257 beds), Mercy Hospital (250 beds), St. Elizabeth Hospital (211 beds), St. Joseph Hospital (188 beds), St. Mary's Hospital (410 beds), and the United States Veterans Administration Hospital (1,494 beds). Additional hospitals in the region will be affiliated as the program expands.

The Herman M. Adler Zone Center, an Illinois Department of Mental Health facility, is responsible for mental health and mental retardation programs for children and adolescents in an eighteen-county area of east-central Illinois. The program consists of both intramural and extramural services. The intramural service provides short-term intensive care for forty-five children. The extramural program provides outpatient services and has stimulated community development of mental health programs in Kankakee, Bloomington, Decatur, Danville, Champaign, and Charleston.

Special laboratory facilities at the University include: Children's Research Center, Coordinated Science Laboratory, Computer-based Educational Research Laboratory (CERL has designed and is operating PLATO IV, a flexible and sophisticated computer-based education system), Electron Microscope Facility, Laboratory for Ergonomics Research, Materials Research Laboratory, and the Radioisotope Laboratory.

Related Educational Opportunities

The Urbana-Champaign campus provides broad-ranging programs in most areas of academic interest. Depending upon the background of the medical student, opportunities are available for advanced graduate study in any of the sciences and liberal arts. Extramural courses, correspondence courses, and auditing privileges are also available. For further information, contact the Graduate College, 330 Administration Building, Urbana 61801 (217/333-0035).

Learning Resources

The learning resources available to students on the Urbana-Champaign campus complement the individualized curriculum program of SBMS-UC. The University library has one of the largest holdings in the United States and is conveniently subdivided for use by medical students. Strong areas in science and technology include mathematics, chemistry, biological sciences (especially parasitology, entomology, and ornithology), physics, geology, engineering, and agriculture. Besides the main library there are

Students can test themselves on different disease problems with a computerized pool of questions on the Coursewriter system. In addition, students can supplement their learning through seminars, laboratories and review sessions provided by the basic science faculty.

twenty additional departmental libraries including: biology, chemistry, physics, psychology, veterinary medicine, and a rapidly expanding library of health sciences. The Library of the Health Sciences serves as the backup resource for the school and materials are available via an overnight courier service between Chicago and Urbana. The Library of the Health Sciences, Urbana, is part of the MEDLINE Network which pro-

vides on-line computer searching of the medical literature. The library in each of the affiliated hospitals is also open to student use.

The learning resources center of the school provides a growing range of auto-tutorial materials (video tapes, films, tape-slide lectures, filmstrip lectures, phonorecords, models, and microscope slides). A student laboratory is available for assigned and independent study. In addition there is the C.A.I. (Computer Assisted Instruction) system. This includes the IBM Coursewriter which connects to the C.R.I.B. (Computerized Random Item Bank) system a pool of questions for basic science medical students; and the C.A.S.E. (Computer Assisted Simulation Experience) system, with twelve to fifteen simulated case studies of diseases giving students a chance to interact with the computer. A comprehensive mini-exam on each disease problem is administered to the student via the computer. Another C.A.I. system which is under development is PLATO IV. This system will provide additional opportunities for self-instruction of basic science concepts. The school facilities are available on a twenty-four hour basis for student and faculty use. Basic science and clinical consultants are readily available for tutorial services.

Housing

Students attending SBMS-UC may be assigned to physicians and hospitals within a sixty-mile radius of Urbana-Champaign; however, students should plan for housing in Urbana-Champaign. Overnight accommodations in cities outside the immediate Urbana-Champaign region will be arranged for students when necessary.

Applications for accommodations in the two University graduate residence halls or the University-owned apartments for married students may be obtained from the Housing Information Office, 420 Student Services Building, Champaign 61820 (217/333-1421). The Housing Information Office also maintains a courtesy list of private apartments and rooms available in homes in the community.

Recreational Activities and Service Facilities

Students at the University of Illinois have a wide choice of activities and facilities available to them. Campus events announced in a weekly calendar include musical programs, lectures, University forums, campus and traveling theatrical productions, weekend movies and dances, and fine arts and scientific exhibitions.

Illini Union: concerts, art shows, movies, dances, tournaments, cafeteria, snack bar, dining rooms, bowling lanes, billiard room, browsing library,

art lending service, two bookstores, information and tour guide, student organization offices, activity ticket office, duplicating services, notary public, lounges, TV rooms, and guest rooms.

Athletics: IMPE Building (intramural sports, handball, basketball, swimming, tennis, squash, volleyball), four gymnasiums (indoor field and track facilities), outdoor playing fields, two ice rinks, two golf courses, six University parks, archery, and numerous organized activities ranging from Aikido to water polo.

The Arts: Krannert Center for the Performing Arts (four-theatre complex offering national and international performers in music, dance, and drama), Krannert Art Museum (permanent collection of art works and other exhibits), five specialty museums, and five film groups.

Community

Urbana-Champaign is located 127 miles south of Chicago and 175 miles northeast of St. Louis. The area is served by the Illinois Central Railroad and the Norfolk and Western Railroad; Ozark Airlines; and Crown Transit, Greyhound, and Illini Swallow bus lines. Local media includes the Champaign-Urbana Courier, Champaign-Urbana News-Gazette, the Daily Illini, eleven radio stations, and four TV stations. There are over one hundred dining and drinking establishments in Urbana-Champaign, running the gamut from plush to grab-it-and-run. Recreation facilities include eleven movie theatres, four community theatre groups, and nine county and local parks.

Student Services

Professional student services are provided in the areas of psychological counseling and academic advisement, financial aids, housing, student employment, and placement. More information about the University of Illinois and the Champaign-Urbana community can be obtained from the Campus Information Services, 115 Illini Union (N), Urbana 61801 (217/333-4666).

For Further Information

Write to: Dean
School of Basic Medical Sciences
University of Illinois at Urbana-Champaign
1205 West California Street
Urbana, Illinois 61801
Phone: 217/333-9284

THE ABRAHAM LINCOLN
SCHOOL OF MEDICINE

Office of the Dean
109 DMP
1853 West Polk Street
Chicago, Illinois 60612
(312) 996-7890

THE ABRAHAM LINCOLN SCHOOL OF MEDICINE

Acting Dean: M. Sabshin
Associate Deans: W. R. Best, H. M. Engle, L. M. Solomon
Assistant Deans: G. M. Cerchio, M. W. Smith

When the long-established University of Illinois College of Medicine was reorganized in 1970, the Abraham Lincoln School of Medicine was created by providing the clinical and clinically-oriented departments of the pre-existing college with a new administrative structure. Thus, while new in name and function, the Abraham Lincoln School of Medicine had a rich tradition in education, research, and patient care; an excellent, large, and experienced faculty; and a wide variety of well-established programs. The faculty took the reorganization as a signal to design and implement a totally new curriculum; the design phase took until 1972, and the first class under the new curriculum entered the Abraham Lincoln School in September 1972, to be graduated in 1975. Education of prior classes was continued under the old curriculum, which is outlined in a previous edition of this catalog.

The Abraham Lincoln School of Medicine is organized with a dean's office and eighteen departments. For the most part, the departments reflect discrete clinical disciplines, including family practice. The faculty is organized into committees; students are members of all working committees dealing with educational affairs. The salaried faculty presently numbers about 400, the majority working full time on the West Side Medical Center campus in Chicago. Joining the full-time faculty in education, research, and health care programs are approximately 1,200 volunteer faculty members. Faculty members based in the Metropolitan Chicago Group of University of Illinois Affiliated Hospitals are members of the faculty of the Abraham Lincoln School of Medicine.

Facilities

The Abraham Lincoln School of Medicine is located in an area of Chicago known as the West Side Medical Center District. The Medical Center, which is about two miles west of the main business district of Chicago, can be reached conveniently by elevated train, bus, or automobile. A wide variety of student housing is available in the area, and the rich cultural resources of Chicago are easily accessible.

The 363-acre Medical Center District is the site of the Medical Center campus of the University of Illinois, as well as many other outstanding health facilities. The Medical Center campus contains the administrative

offices of the College of Medicine, the School of Basic Medical Sciences-Medical Center, the Abraham Lincoln School of Medicine, the School of Associated Medical Sciences, and the Center for Educational Development, all within the College of Medicine; the Colleges of Dentistry, Nursing, and Pharmacy; the Graduate College; the Library of Health Sciences; the Division of Services for Crippled Children; the Biological Resources Center; the Research Resources Center; and the University of Illinois Hospital.

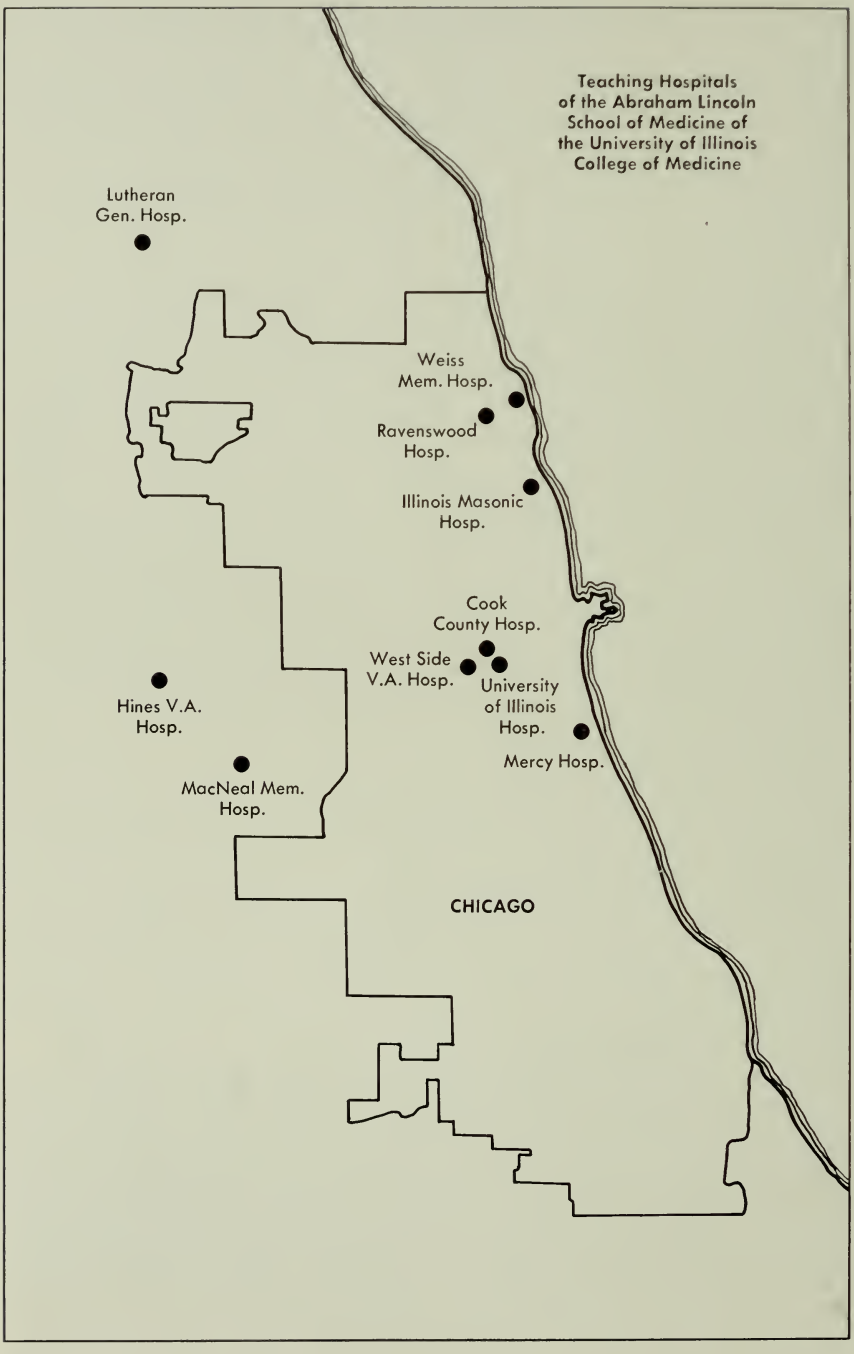
The principal teaching hospitals of the Abraham Lincoln School of Medicine on the West Side Medical Center campus include the University of Illinois Hospital with its Eye and Ear Infirmary; the West Side Veterans Administration Hospital (a Dean's Committee hospital affiliated with the Abraham Lincoln School of Medicine); and the large and well-known Cook County Hospital. The nearby State Department of Public Health Hospital and Clinics, the Illinois State Psychiatric Institute, and the Illinois State Pediatric Institute are locations for student teaching. The Hines Veterans Administration Hospital, located a few miles to the west, offers a wide range of learning opportunities for Abraham Lincoln School of Medicine students. The Metropolitan Chicago Group of University of Illinois Affiliated Hospitals offer a variety of community hospital environments for learning. Locations of the major teaching hospitals of Abraham Lincoln School of Medicine are shown on the map.

UNIVERSITY OF ILLINOIS HOSPITAL

To provide a solid core of facilities for support of educational programs based on "patient-centered" activity, the University owns and operates the University of Illinois Hospital.

The progressive 620-bed facility is located in the West Side Medical Center and consists of five major buildings: the General Hospital, the fourteen-story Hospital Addition, the Orthopaedic Hospital, the Neuropsychiatric Institute, and the Eye and Ear Infirmary. All are connected by an extensive tunnel system.

The hospital houses seventeen different departments: anaesthesiology, dermatology, internal medicine, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, otolaryngology, oral surgery, orthopaedic surgery, pathology, pediatrics, physical medicine and rehabilitation, psychiatry, medical radiology, preventive medicine and community health, family practice, and surgery, which is divided into the divisions of general surgery, thoracic surgery, plastic surgery, and urology. Staff members of these


Teaching Hospitals
of the Abraham Lincoln
School of Medicine of
the University of Illinois
College of Medicine
Lutheran
Gen. Hosp.
Weiss
Mem. Hosp.
Ravenswood
Hosp.
Illinois Masonic
Hosp.
Cook
County Hosp.
West Side
V.A. Hosp.
University
of Illinois
Hosp.
Mercy Hosp.
Hines V.A.
Hosp.
MacNeal Mem.
Hosp.
CHICAGO

departments are faculty members of the Abraham Lincoln School of Medicine.

Five modern, well-equipped intensive care units serve the hospital. The neonatal and pediatric intensive care units are under the Department of Pediatrics, the surgical and cardiovascular intensive care units service the Department of Surgery, and the coronary care unit is operated by the Department of Medicine. Thirty-six outpatient clinics deal with all specialties and subspecialties. Some of them, including the amputee clinic and the epilepsy clinic, have achieved international recognition.

The emergency room, which includes eight examining rooms, two minor operating rooms, a complete laboratory, a radiographic-fluoroscopic installation, and two overnight observation units, handles more than 40,000 cases per year.

The hospital is also affiliated with the Valley Outpost Clinic, a neighborhood health center which serves approximately 7,000 low-income residents living in a 32-square block area directly south of the campus.

It is not the buildings or facilities that make the University of Illinois Hospital unique. An outstanding staff and a multitude of programs offer any student the opportunity to enrich his education. The attending staff is organized with full-time department heads and varying numbers of full-time staff members. All departments also include a number of attending physicians whose staff appointments vary from 90 to 10 percent. This balance in interest and skills provides intellectual stimulus and effective supervision to resident staff and students.

Though it would be impossible to detail all the outstanding programs at the hospital, a few deserve special mention.

The Department of Nursing not only serves, it constantly searches for ways to provide the best possible patient care. In 1969, a pilot study on team nursing was initiated; it proved successful, and a nursing service team was organized. The department has developed a program for medical nurse associates. Nursing also started an infection surveillance program, the only one of its kind in the country. The United States Public Health Service adopted the isolation techniques used in the program for its health professions section.

At the University of Illinois Hospital the pharmacist is an integral part of the health team. The pharmacy is decentralized and operates on a "unit dose" basis. A registered pharmacist is assigned to patient floors, where he goes beyond the basic functions of preparing and dispensing drugs by putting his knowledge to work as an essential member of the patient-care team. The Drug Information Center of the state of Illinois

is located at the hospital and offers a twenty-four hour service to physicians and pharmacists.

The Eye and Ear Infirmary, a modern four and one-half million dollar structure, is one of only five such facilities in the United States. The infirmary houses a multitude of programs, among them the glaucoma clinic, the first such in the midwest and one of the largest in the world, and the State of Illinois Eye Bank. An argon laser aids the Department of Ophthalmology in its treatment of retinal disease.

The Department of Otolaryngology, housed in the infirmary, has attained international prominence in endoscopy. Its facilities and equipment are unexcelled.

In January 1968, the Organ Transplant Center opened at the hospital. The initial work at the center has been directed toward kidney transplants. The tissue typing center for the state is located at the center. In conjunction with the kidney transplant program, a dialysis center operates twenty-four hours a day, seven days a week.

Among some of the more interesting areas is the new ultramodern pediatric cardiac catheterization laboratory which handles at least five cases per week. Patients with complex intestinal problems can find help in the esophageal motility laboratory.

The first betatron in the country to be used in cancer therapy was installed at the University of Illinois Hospital. It was recently replaced with a new theratron 80 cobalt unit.

Patients who come to the hospital form a varied group. Eighty percent come from within the Chicagoland area; twenty percent are from other parts of Illinois. Our patients represent all classes of society and most problems met by health professionals. The hospital is partially supported by the state, but is primarily self-supporting. Fees are scaled according to patient's ability to pay.

Education for medical students in the clinical years is integrated with the actual care of patients. Thus, the student is a member of the medical care team during his transition from classroom and laboratory-centered work to his role as a practicing physician.

WEST SIDE VETERANS ADMINISTRATION HOSPITAL

The Veterans Administration Hospital is located one block west of the school. Its educational programs are under the supervision of a dean's committee. Each member of the professional staff of the hospital is an important member of the Abraham Lincoln School of Medicine, and participates fully in the programs of the school. This large and excellent

hospital adds a rich variety to the educational opportunities of undergraduate and graduate students of the school.

THE METROPOLITAN CHICAGO GROUP OF UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS

This group of hospitals presently serves Abraham Lincoln students by providing a variety of educational programs varying from traditional clerkships to experimental office practices. The hospitals in this group are:

Illinois Masonic Medical Center, 836 Wellington Avenue, Chicago 60657

Louis A. Weiss Memorial Hospital, 4646 Marine Drive, Chicago 60640

Lutheran General & Deaconess Hospitals, 1775 Dempster Street, Park Ridge 60068

Mercy Hospital Medical Center, Stevenson Expressway at King Drive, Chicago 60616

Ravenswood Hospital Medical Center, 1931 West Wilson Avenue, Chicago 60640

MacNeal Memorial Hospital, 3249 South Oak Park Avenue, Berwyn 60402

These six large and excellent community hospitals offer programs which complement and supplement those offered in the University Hospital. Thus, a balanced view of all types of medical experience can be gained by Abraham Lincoln students selecting from the many opportunities provided in hospitals having a total of several thousand beds.

COOK COUNTY HOSPITAL

Cook County Hospital, operated by the Health and Hospitals Governing Commission, is a large and important facility serving the needs of patients throughout Cook County; it is currently serving between 1500 and 2000 inpatients. The hospital is located directly across Polk Street from the Abraham Lincoln School of Medicine, and is used for clerkship training by many departments. The Department of Family Practice, housed principally in Cook County Hospital, is developing programs conjointly between the school and the hospital. Ambulatory care programs are increasingly important to the care of those served by this hospital.

HINES VETERANS ADMINISTRATION HOSPITAL

This hospital is located twelve miles west of the Medical Center. It too is a "dean's committee" hospital; the committee in this case consisting

of the deans of the University of Illinois College of Medicine, the Stritch School of Medicine of Loyola University, and the Chicago Medical School. The hospital facilities are used extensively for certain instructional programs.

Educational Program

The new curriculum of the Abraham Lincoln School of Medicine is designed to serve a variety of career choices. The educational program allows students to prepare for careers in medical practice, research, teaching, community medicine, medical administration, and other fields. The programs are diversified through relationships with many hospitals and other institutions, allowing a wide range of learning opportunities in a variety of medical practice settings. The educational programs allow independent study, advanced placement, choice of major study areas, and the opportunity to pursue a major study area in depth through basic or applied research. The curriculum will be supported by a sound counselling system and effective and useful independent study aids. While all of these features are available in the new curriculum, a student may seek even greater flexibility through the Abraham Lincoln School of Medicine's James Scholar Program for Independent Study, for which students may be identified on admission to one of the schools of basic medical science or to the Abraham Lincoln School of Medicine.

In the new curriculum, a wide variety of programs and courses are described under departmental headings. In addition to programs offered by the Abraham Lincoln School of Medicine, elective opportunities are available in the other clinical schools, as well as in the School of Basic Medical Sciences at the Medical Center.

The principal objective of the new curriculum is to create an environment for learning in which students will:

1. develop the willingness and competence to promote and contribute to improved health care;
2. become responsible for their own continuing education; and, thereby,
3. become able to cope with the ever-changing problems of the future.

The learning environment is sufficiently flexible to allow for differences in student backgrounds, learning rates, and career goals. Proper emphasis is placed on development of attitudes necessary for effective interaction with individual patients, with health professional colleagues, and with society at large. The curriculum stresses rational decision making and

clinical problem-solving based on an understanding of the basic biological, physical, and behavioral sciences; thus the integration of basic and clinical sciences is emphasized throughout.

The curriculum generally encompasses six categories: data gathering and recording; clinicopathophysiologic correlations; laboratory skills; therapeutics; human behavior; and attitudes, values, and habits. These are organized into four major phases, three devoted to 'core studies' — the knowledge, skills, and attitudes to be acquired by all students — and a fourth 'selective' phase during which students, with counsel, structure their own programs. It is anticipated that most students will achieve the core objectives at the end of two years of the three-year curriculum. Students will then be expected to progress beyond the core objectives and to demonstrate greater sophistication or achievement in one or more areas of medicine.

Phase zero. Experiences in general pathology and pharmacology precede the initial core clinical phase, being prerequisite to the skills of clinical problem solving which are central to the core curriculum. These classroom and laboratory exercises take place at the Medical Center over an eight-week period and some components are continued in Phases I and II.

The clinically oriented *Phase I* emphasizes clinical data-gathering and recording skills. Interviewing and patient examination are stressed, and students are instructed in organ pathology. Students learn to record and present the acquired data in the form of a problem-oriented medical record. Concomitant Phase I objectives include the development of rapport with patients and the recognition of different patient personalities; in essence, the beginning development of the doctor-patient relationship. The settings for most of Phase I are hospital wards and clinics in which patients are available to be examined by the student-physician. Small groups of students work with teams of instructors in each hospital that is a part of the system. While this is viewed as a nondepartmental function, most instructors have been from the Department of Medicine. Other specialties represented among group leaders have included surgeons, pediatricians, and family practitioners. The group leader will certify when a student is ready for his Phase I diagnostic examination, in which he is closely monitored while taking a history and doing a physical examination on an assigned patient. The usual time for such certification will be four to eight weeks into Phase I.

The broad objective for *Phase II* of the curriculum is the development

of problem-solving skills. The student learns about clinical problems: how to assess abnormal findings, how to interpret signs and symptoms, and how to approach the management of these problems. Achievement in Phase II requires skills acquired in Phase I; these skills are thus reinforced and expanded. To solve clinical problems, students continue to use the factual material necessary, including clinical pathology, pathophysiology, radiology, and therapeutics. The accumulation of factual material is not, however, a primary goal of Phase II. The student continues his Phase II learning experiences in the same clinical setting as his Phase I assignment — in some cases under the same group leader, in others not. As a student demonstrates adequate competence in problem solving to his group leader, he may be permitted to become part of the health care team in that setting, a transition into Phase III activities. There is the additional option of selective experience between the end of Phase II and the official beginning of Phase III.

Phase III is an assignment, presently programmed over four quarters, which provides learning experiences designed to put data gathering and problem-solving skills into an experiential, operational framework. The Committee on Instruction may make further modification in the duration of this experience. The overall goal is to assist the student to obtain core knowledge and skills in the various fields of clinical medicine. Achievements of the first two phases are augmented and extended. Multiple tracks are available, and there are assignment options within track 1, which is most like the traditional clerkship and accommodates the largest number of students.

Track 1 of Phase III includes rotations in five major specialties (medicine, surgery, pediatrics, obstetrics/gynecology, and psychiatry), and briefer experiences in three or more other fields (neurology, ophthalmology, otolaryngology, dermatology, orthopaedics, and family practice). In some settings the other experiences are combined into a sixth rotation, and equal periods are devoted to each of the six rotations. Interquarter breaks are rescheduled for those instances in which they would otherwise interrupt a rotation. In other settings (track 1-A), some of the other experiences are given concomitantly with medicine and surgery over a two quarter period. Assignment options are such that most students will have two or three of the rotations in each of two or three hospitals, generally about two-thirds of the experiences being at the Medical Center and the remainder outside the Medical Center.

Other Phase III tracks are available for limited numbers of students,

and all or most experiences are at the particular hospital sponsoring a track. All tracks include experiences to help the student meet Phase III objectives associated with each of the above specialties. The following special tracks were offered to students during the first year of Phase III implementation. It is anticipated that additional options will be available in subsequent years.

Track 2, Weiss Memorial Hospital — One quarter of intense integration of basic sciences with clinical case studies is followed by a two quarter abbreviation of track 1; then an outpatient quarter.

Track 3, MacNeal Memorial Hospital — Consists of two-three periods per week throughout the year following a fixed base of outpatients in Family Practice Model Office, discipline-oriented inpatient assignments of four to eighteen weeks in major specialty fields, interdisciplinary clinical sessions, and a core of lectures.

Track 4 (not offered initially).

Track 5, Mercy Hospital — This model emphasizes preventive medicine and continuity of patient care. The Mercy Hospital model for a primary health care system includes four types of outpatient centers: screening, health education, chronic maintenance, and acute care; the first three are staffed by paramedical personnel and supervised by physicians, the last is staffed by physicians with paramedical assistants. The student follows a fixed-patient base in these settings and as inpatients in various services. Additional patients are assigned as necessary to round out inpatient experiences.

Track 6 (not offered initially).

Track 7, Hines V.A. Hospital — Includes conventional but shortened inpatient rotations, plus intensive experiences in ancillary clinical diagnostic services (anatomic pathology, clinical pathology, radiology, nuclear medicine, cardiopulmonary, and electrodiagnostic laboratories).The student is expected to coordinate the total laboratory data for selected patients in subsequent rotations through medical and surgical subspecialties. Pediatrics and obstetrics are taken in track 1 rotations elsewhere.

Hospital assignments in Phases I and II, and track assignments in Phase III are by student choice insofar as possible. Random methods are used to determine the sequence in which students make their choices. No student is assigned to a special track unless he desires it.

The Selective Phase of the curriculum (*Phase IV*) is being developed

to provide greater opportunity for students to identify those areas of medicine for which they have special interest and aptitude and to select educational experiences that are most relevant to their postgraduate goals. Although goal oriented, the selective phase is not intended to promote premature specialization. The program will accommodate both students who do not have clearly defined postgraduate goals and students who do. A major function of the selective phase is to provide the opportunity for students to select experiences that will help them to identify areas of greatest interest, without premature commitment to one or another goal. If remediation is necessary, up to two quarters of Phase IV may be devoted to such. A student chooses an adviser from his area of interest, or "at large," and obtains the adviser's consent before arranging each half-year's schedule. A booklet outlines multiple major selectives of four, eight, or twelve weeks duration plus minor selectives which may be taken concomitantly. Students may arrange also for nonlisted experiences with departmental consent.

Insofar as possible, progression of students through the core phases and into the selective phase is determined by the demonstration of achievement of the phase objectives, rather than by the passing of courses or time.

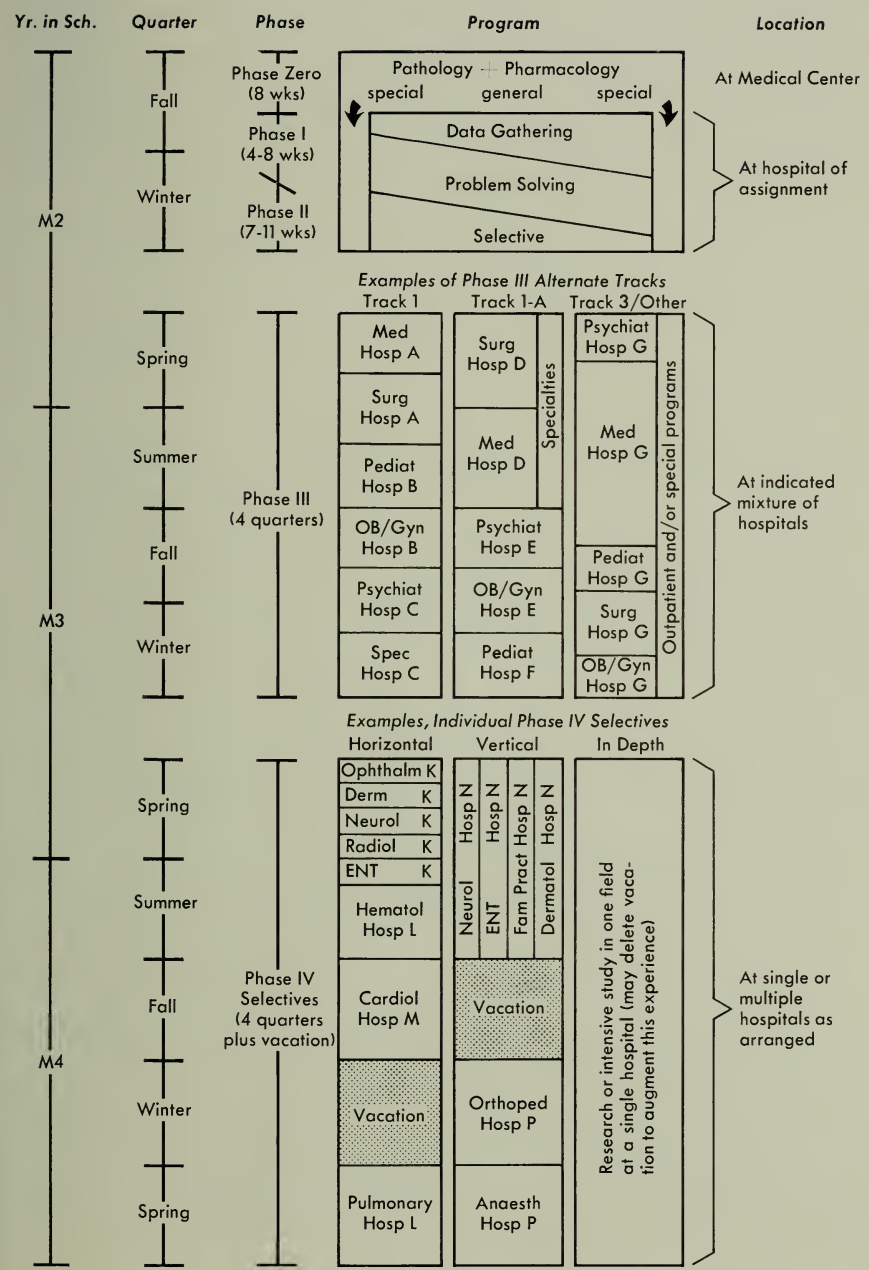
The intent of the faculty and students in developing this curriculum has not been to establish a single "ideal" curriculum, but rather to provide a number of alternative pathways through which students may acquire the requisite knowledge, skills, and attitudes expected of all graduates of the Abraham Lincoln School of Medicine. It is also a curriculum designed to allow for continuous, ongoing evaluation, modification, and change. The current organizational pattern of this curriculum is diagrammed on the opposite page.

Placement, Appraisal, and Progress

Since a variety of experiences are possible prior to and in the Schools of Basic Medical Sciences of the University and in other medical schools from which students may wish to transfer, there is need to permit exceptionally well-prepared students to enter the curriculum of the Abraham Lincoln School of Medicine at a suitable point beyond Phase Zero of the curriculum. The following rules apply for such advanced placement. Students eligible to apply for advanced placement will be those regularly admitted to the College of Medicine in a School of Basic Medical Science or as transfer students from other medical schools.

1. For placement into Phase I, a student must pass National Board Examinations, Part I, and a comprehensive Phase Zero diagnostic examination.

Figure 1.


Yr. in Sch.
Quarter
Phase
Program
Location
M2
M3
M4
Fall
Winter
Spring
Summer
Fall
Winter
Spring
Summer
Fall
Winter
Spring
Phase Zero (8 wks)
Phase I (4-8 wks)
Phase II (7-11 wks)
Pathology ← Pharmacology
special
general
special
Data Gathering
Problem Solving
Selective
At Medical Center
At hospital of assignment
Examples of Phase III Alternate Tracks
Track 1
Track 1-A
Track 3/Other
Med Hosp A
Surg Hosp A
Pediat Hosp B
OB/Gyn Hosp B
Psychiat Hosp C
Spec Hosp C
Surg Hosp D
Med Hosp D
Psychiat Hosp E
OB/Gyn Hosp E
Pediat Hosp F
Specialties
Psychiat Hosp G
Med Hosp G
Pediat Hosp G
Surg Hosp G
OB/Gyn Hosp G
Outpatient and/or special programs
Phase III (4 quarters)
At indicated mixture of hospitals
Examples, Individual Phase IV Selectives
Horizontal
Vertical
In Depth
Ophthalm K
Derm K
Neurol K
Radiol K
ENT K
Hematol Hosp L
Cardiol Hosp M
Vacation
Pulmonary Hosp L
Hosp N
Neurol
Hosp N
ENT
Hosp N
Fam Pract
Hosp N
Dermatol
Vacation
Orthoped Hosp P
Anaesth Hosp P
Research or intensive study in one field at a single hospital (may delete vacation to augment this experience)
Phase IV Selectives (4 quarters plus vacation)
At single or multiple hospitals as arranged

2. For placement into Phase II, a student must fulfill the requirements for placement in Phase I and must take a history and do a physical examination on two assigned patients, being observed by a different instructor for each and obtaining satisfactory Phase I evaluation ratings from both.

3. For placement into Phase III, a student must have successfully completed two years in an approved medical school, must fulfill the requirements for placement in Phase II, and must pass a comprehensive Phase II diagnostic examination.

4. For graduation, the College of Medicine requires the student to have passed the following examinations: Basic Science Examination (end of 1st year in College of Medicine), National Board Examination, Part I (usually at end of second year in medical school), National Board Examination, Part II (usually at end of last year), and the Senior Comprehensive Examination.

In addition, the Student Appraisal Committee of the Abraham Lincoln School of Medicine has worked hard to develop new and pertinent instruments for appraisal of the student's skills, attitudes, and knowledge related to the objectives of each phase of the curriculum. The Abraham Lincoln School of Medicine requires all students in the regular curriculum to take diagnostic examinations at the end of the following phases of the curriculum: Phase Zero, Phase I (examination of a patient under critical observation), Phase II, and Phase III. The results of a student's diagnostic examinations are sent to the student to provide feedback on individual progress and to the Committee on Student Progress so that it may prescribe remedial work if needed during subsequent phases of the curriculum. While all regular students must take these diagnostic examinations, passing scores are not a requirement for graduation. The student who fails these examinations and does not remedy his deficiencies, however, is unlikely to pass the college's certifying examinations. Any student may take any regularly scheduled examination with the approval of the Office of the Dean, Abraham Lincoln School of Medicine. In particular, a student wishing to take National Board Examinations earlier or later than usual for his class must obtain approval from the Office of the Dean. Students who pass National Board Examinations with low scores are urged to repeat the examination to better their scores.

Interlocking functional systems relate to the student's rate of progress through the curriculum and to his ultimate certification (graduation). The Abraham Lincoln School of Medicine Committee on Student Progress reviews the results of certifying and diagnostic examinations as well as

individual faculty evaluations on each student. It may authorize a mechanism for determining within limits the time of student progression (as from Phase I to Phase II). The committee may also direct the academic system to prescribe remedial work for individual students when needed. The Student Advisory System should aid in arranging such remedial work. The Student Progress Committee makes additional recommendations as appropriate on the basis of all evidence, such as, for graduation, dismissal, or repeating a part of the curriculum. These recommendations are made to the College Committee on Promotions, which takes final action after its own deliberation.

ANESTHESIOLOGY

Professors: A. P. Winnie (Head of Department), R. C. Balagot, W. Gottschalk, E. T. Morch

Associate Professors: E. J. Bennett, F. N. Heller, L. C. Lax, M. M. Lyon (Emerita), R. Rosenberg, J. L. Schmidt, L. Schwartz, A. T. Shima, M. Shulman, E. T. Toyooka

Assistant Professors: M. Baldoza, V. R. Bandelin, L. M. Cadkin, W. S. Druz, Z. U. Durrani, G. Gleave, N. B. Goldberg, H. N. Konchigeri, R. G. Machado, H. E. Natof, K. Novak, R. Radonjic, S. Ramamurthy, C. Reddy, V. V. Roman, R. F. Rose, E. A. Sabin, G. B. Schmidt, M. H. Shaker, V. Traina, V. E. Wallace, M. K. Yon

Instructors: K. J. Kim, S. Piyakulmala

While the principal function of the anesthesiologist is maintenance of his patient in an optimal state of induced sleep, relaxation, and/or analgesia during surgery, he is at the same time an applied clinical pharmacologist and guardian of the patient's vital functions during such procedures. He has pre- and postoperative functions as well. At the least, students should become familiar with the role of the anesthesiologist in surgical care; ideally they should develop some knowledge and skills in this field.

Regular Clinical Curriculum

Phase III. During the general surgical experiences as well as during other rotations that encompass surgical procedures, the student will have many opportunities for interaction with the faculty of the Department of Anesthesiology. In selected settings there may well be subassignments to anesthesiology during the general surgical experience.

Phase IV — Selectives. It is anticipated that variable periods of study and practice in anesthesiology may be arranged.

CENTER FOR CRANIOFACIAL ANOMALIES

Professors: S. Pruzansky (Director of Center), H. Aduss, J. W. Curtin

Associate Professor: M. T. Miller

Assistant Professors: N. R. Beligere, H. O. Gold, S. Peterson, R. L. Sperling

Research Associates: P. J. Parris, L. H. Rubin, Y. Tanaka

Instructors: D. D. Caldarelli, A. A. Katz, A. F. Selder, J. A. Townsend

The Center for Craniofacial Anomalies is a unit of the Abraham Lincoln School of Medicine which provides comprehensive care for patients with congenital, developmental or acquired defects whose needs are best served within a unit designed to provide interdisciplinary care. It includes the maxillofacial prosthetic clinic which assists in the rehabilitation of patients requiring replacement of external organs and tissues by prosthetic means.

The mission of the center includes training of a wide variety of specialists in the health sciences concerned with the management of craniofacial anomalies. In collaboration with several departments and other institutions, the center conducts research relating to epidemiology, genetics, diagnosis, treatment, and prevention. Since its founding in 1949, the data bank maintained by the center has become an invaluable resource for information on the growth of children with craniofacial birth defects. The collection has attracted international interest.

The core staff includes full-time, part-time, and participating faculty from several departments of the Colleges of Dentistry, Medicine, Nursing, the School of Associated Medical Sciences, and the Speech and Hearing Departments from several campuses of the University of Illinois. The center also collaborates with consultants from other institutions in the United States and foreign countries.

In addition to institutional support, financial assistance for the center is derived from the Division of Services for Crippled Children of the University of Illinois, Maternal and Child Health Services and the National Institutes of Health, Department of Health, Education and Welfare.

DERMATOLOGY

Professors: A. Rostenberg, Jr. (Head of Department), T. Cornbleet, A. H. Slepyan, F. J. Szymanski, L. R. Weber (Emeritus)

Associate Professors: W. E. Bailey, S. Barsky, S. W. Becker, Jr., C. W. Finnerud (Emeritus), D. F. Fretzin, M. B. Kirschenbaum, M. Medenica, I. Neuhauser (Emerita), M. O. Perlstein (Emerita), B. Potter, M. Robin, L. M. Solomon, L. E. Tavs

Assistant Professors: S. Bielinsky, I. H. Distelheim, R. M. Handler, E. Mandrea, R. S. Medansky, E. S. Peterka, T. V. Rajkumar, L. Rubin, E. M. Smith (Emeritus), O. C. Stegmaier, D. E. Temple

Lecturer: G. S. Kass

Clinical Associate: A. L. Francik

Instructors: I. Aleshire (Emerita), A. T. Altman, K. J. Desai, S. A. Diamond, M. H. Klapman, C. L. Kroll, M. Levitan, W. L. Schmerold, B. E. Silver, H. M. Spinka

Diseases of the skin comprise a high proportion of the cases seen by physicians. Many skin lesions have a systemic component and many are expressions of underlying systemic disease. It is important that all physicians, general practitioners and specialists alike, become familiar with the skin and learn to recognize the clues it may give to diagnosis.

Emphasis is placed on learning the diseases most likely to be seen in practice and on those having systemic significance. Consideration is also given to the diagnosis and treatment of industrial dermatoses and to the preventive measures that are available. The role of allergy in dermatology and the psychosomatic aspects of skin diseases are considered. Syphilis from the point of view of morphologic diagnosis, serologic diagnosis, and therapy is considered. Colored lantern slides and audiotapes both of clinical cases and histopathologic sections are used extensively as visual aids.

Regular Clinical Curriculum

Phase I. The student should be able to ask questions about and examine the skin of any patient, giving an accurate, brief description of his findings, including a statement as to what is normal. He should begin to recognize common dermatologic abnormalities. Experiences are gained in a variety of settings. Dermatologists may or may not participate in various learning experiences depending on local circumstances. Teaching aids are available for self-learning.

Phase II. The student should sharpen his ability to deduce the underlying type of dermatologic condition on the basis of the history and his description of skin lesions. He should become aware of dermatologic reactions to common medications. Dermatologists may or may not participate in various Phase II learning experiences depending on local circumstances.

Phase III. The student should develop skill in gathering clinical information and effectiveness in utilizing the laboratory in helping to diagnose and treat dermatologic conditions. He should have an understanding of the pathophysiology of cutaneous disorders and of the relationship of normal and abnormal skin to the rest of the body. He should develop competence in dermatologic diagnosis and judgment in treatment. At the University of Illinois Hospital "specialties" rotation of track 1, there may be zero, one, or two-week assignments to dermatology. During this period there will be assignments to outpatient dermatology and syphilology clinics, didactic sessions, reading assignments, and self-instruction assignments using slides, atlases, patient simulations, etc. In the

clinics each student is assigned patients and is required to take a history, examine the patient, and attempt a differential diagnosis through description of the lesions and their distribution. Therapy is discussed. One of the attending staff supervises this work. Demonstrations are given of various procedures such as punch biopsies, freezing techniques, cauterization, and electrodessication for the diagnosis and treatment of skin lesions.

At Weiss Memorial and Illinois Masonic hospitals weekly sessions of one to two hours during the medicine rotation of track 1 utilize patients and slides for teaching this material. The track 3 experience at MacNeal Memorial Hospital involves dermatologic experiences in the Family Practice Model Office as well as preceptorship in a dermatologist's private office. The other affiliated hospitals do not offer organized dermatologic experiences.

Phase IV — Selectives. Two major types of selective experiences are offered:

Clinical: The selective experience in clinical dermatology can be a full-time or a part-time experience. It includes ward rounds, attendance at the outpatient clinics, and participation in departmental courses in physiology of the skin, examination of the dermatological patient, mycology, dermatopathology, and immunology. The student will also participate in the Journal Club and in a seminar at which he will present selected subjects.

This experience enables the student to observe selected patients from the time of their first visit. He will evaluate them from a diagnostic point of view and follow them to observe the result of therapy. Opportunities for special diagnostic procedures, such as the punch biopsy, the direct microscopic examination for fungi, and the observation of the patient by Wood's light, will be given. In addition to this, the student will have the opportunity of treating simple skin lesions by destructive procedures, such as excision, fulguration, and desiccation.

Experimental: Selective experiences in experimental dermatology are offered as a full-time course. This includes participation in courses in biochemistry and physiology of the skin as well as seminars in current literature relating to investigative dermatology.

Experimental techniques of investigative dermatology will be demonstrated and used. This includes studies in cutaneous immunology and biochemistry by means of experimental animals, as well as clinical investigation. The student has the opportunity to initiate, plan, and follow through a dermatologic study.

Length of program: The clinical dermatologic selective may be chosen for a minimum of six weeks as a half-day experience to a maximum of nine months as a full-time experience. Other possible time selections are available between these extremes.

Experimental dermatological selective may be taken for six months or longer.

Elective Courses — Not for Credit

Examination of the Dermatologic Patient. Practical instruction is given in examination of the skin, with particular emphasis on systemic disease. Students

are trained to describe the patient's eruption. Particular attention is given to cutaneous clues to systemic disease. A specialized approach to taking a history from the patient with skin disease is stressed. Groups of six students meet weekly for a two-hour session. Sophomores. W.

Histopathology of the Skin. Opportunity is afforded for correlation of gross pathologic change (i.e., the patient's lesion) with the histopathologic changes. Most of the time is spent in study and discussion of sections of common dermatoses and cutaneous neoplasms, on the basis of integration with principles of general pathology. Sophomores, juniors, seniors. Limited to five students. Sp.

Seminars in Dermatology. Selected topics in basic physiology, biochemistry, and immunology of the skin are discussed in depth, with active participation by the students. Prerequisites: Biochemistry 303, Physiology 303. Sophomores, juniors, seniors. F, W, Sp.

Ultrastructure of Normal Human Skin. A short introduction to the technique of electron microscopy and a description of the cell ultrastructure will be followed by a description of the ultrastructure of normal epidermis and dermis and their constituents and contrasted with some selected pathological conditions. Simultaneous light and electron microscopic micrographs will be shown. Prerequisite: Anatomy 302, Human Histology.

FAMILY PRACTICE

Professor: G. E. Tomlinson (Head of Department)

Associate Professor: K. F. Kessel

Assistant Professors: E. N. Caldwell, L. Callaway, Jr., D. D. Dettore, G. F. Dietz, P. H. Heller, L. L. Hirsch, J. Prieto

Clinical Associates: H. Annis, D. A. Balling, W. C. Beatty, I. S. Belgrade, A. Bolino, H. Bresler, F. W. Brown, Jr., J. A. Cari, M. Cermak, T. A. Davis, M. T. Delbeccaro, E. B. Fagman, F. Ferraiolo, M. M. Goldberg, H. A. Goldstein, L. V. Gratkins, S. K. Guerrero, Jr., H. R. Hone, J. A. Hunt, W. R. Jacobs, T. Johnson, U. H. Josenhans, J. L. Kahn, K. C. Knapp, F. W. Knoch, A. Kunis, J. E. Losada, E. M. Lustgarten, M. Marchi, J. J. Morrello, W. J. Nelson, R. J. Novak, J. C. Olson, H. Osteo, F. S. Ostrowski, O. C. Pacold, J. V. Pelech, J. J. Philipp, N. H. Pracyk, V. Rackauskas, R. Rowlette, A. Saltiel, I. Saltiel, M. Schwartz, A. M. Shafernich, W. F. Speers, J. J. Thometz, B. E. Wagner, L. Walkowiak

The Department of Family Practice is one of the newer departments of the school, and some of its programs are still evolving. A large segment of the public feels most comfortable with a regular family physician, one who can tend to many of the family's medical needs and who knows when and where referrals for special care are needed. Some areas of the country are geographically remote

from centers with specialty care; the family practitioner must then assume responsibility for an even broader range of medical care delivery. The objectives of this department in undergraduate medical education are to familiarize students with the role of the family practitioner and to give them experiences in a family practice setting. Emphasis is on comprehensive, continued health care delivery to the individual in his basic family unit. Preventive medicine and mental health have become as important as episodic treatment. Students should become competent in the fundamentals of patient contact. Collecting data, developing problem lists, and formulating plans of care using the problem-oriented medical record system are stressed. Students should become familiar with the complete range of available medical, paramedical, and community resources.

It is important that the student understand economic factors involved in the delivery of health care as well as purely medical factors. Medical economics are considered, including aspects of office management, banking, law, and insurance. A model family practice unit has been established in the remodeled second floor of Fantus Clinic at Cook County Hospital. A model family practice unit is under consideration for the University of Illinois Hospital as well. Several of the Metropolitan Chicago Group of University of Illinois Affiliated Hospitals have family practice experiences, including the Family Practice Model Office at MacNeal Memorial Hospital. The family practitioner should have fundamental grounding in various medical specialties, and such experiences are available in many settings throughout the system of affiliated hospitals.

Regular Clinical Curriculum

Phase I. The essence of Phase I is developing rapport with patients and effectively gathering data from them. This is fundamental to the family practitioner. Members of the Department of Family Practice serve as group leaders in some Phase I settings.

Phase II. This phase is concerned with problem-solving skills, including those touching on preventive medicine. Family practitioners serve as group leaders in some Phase II settings.

Phase III. While a student interested in family practice will gain a good general medical background with track 1 experiences, the alternate options of tracks 3 or 5 are particularly tailored to such interests. Some rotations through the "specialties" in track 1 at the Medical Center will probably provide two or four week experiences at the Cook County Hospital model family practice unit. Track 3 at MacNeal Memorial Hospital gives a combined outpatient experience under the aegis of the Department of Family Practice plus inpatient experiences involving other specialties. While not sponsored by this department, track 5 at Mercy Hospital provides a largely outpatient type of experience which would be good preparation for family practice.

Phase IV — Selectives. It is anticipated that family practice selectives will be offered.

MEDICAL SOCIAL WORK

Professor: C. H. Preucil

Associate Professors: L. B. Fassler, K. E. Hepler, A. Klein, D. Large (Emerita), M. F. Meuser

Assistant Professors: S. A. Foster, M. E. Goss, R. W. Helms, D. M. Hoigard, D. R. J. Johnson, C. Kooy, B. A. Lish, G. O. Lloyd, A. T. Muslin, L. E. Natusch, M. V. Robinson, N. M. Robling, F. Romirowsky, I. G. Schreiber, M. L. Toscano, M. Waite (Emerita)

Research Associate: E. E. Jacobs

Instructors: D. C. Bean, J. E. Berkson, D. Bullard, B. K. Burg, C. A. Ebert, D. E. Garver, C. E. S. Gordon, D. L. Horwath, S. L. Jans, S. Lessman, J. G. Loundy, B. N. Matlaw, E. M. Mayfield, C. L. Regier, J. Robertson, M. L. Robinson, M. S. Sheridan, S. C. Steiger, P. Tasso, O. Tate, S. L. Wolosenko, C. A. Zoha

The teaching objective of the Department of Medical Social Work is to provide students with learning experiences which will enhance their ability to: recognize and evaluate relevant psychosocial factors in the total appraisal of health problems; interpret the behavior of the patient and his family; understand the impact of illness on life style, interpersonal relationships, and roles; and design a realistic treatment plan which takes the psychosocial components into consideration as part of comprehensive health care. In order to help the student develop skill in these areas, departmental faculty provides learning experiences which include: interviewing techniques; exploration of multiple sources of psychosocial information; evaluation of verbal information and behavior; use of psychosocial information in problem identification and realistic treatment plan; use of community resources to best advantage.

MEDICINE

Professors: M. D. Bogdonoff (Head of Department), W. C. Alvarez (Emeritus), B. R. Andersen, T. O. Anderson, W. R. Best, D. K. Bloomfield, D. Bronsky, M. J. Colbert, T. J. Coogan, Sr. (Emeritus), H. F. Dowling (Emeritus), H. M. Engle, L. Feldman (Emeritus), M. Fishbein (Emeritus), E. F. Foley (Emeritus), W. Fried, C. L. Gantt, J. J. Gold, P. Heller, W. G. Hibbs (Emeritus), G. G. Jackson, E. Kaplan, R. M. Kark (Emeritus), F. B. Kelly (Emeritus), R. J. Korn, S. E. Krasnow, N. A. Kurtzman, J. H. Last, R. Levitan, L. M. Limarzi (Emeritus), A. Littman, R. V. Lourenco, M. M. Montgomery (Emeritus), M. A. Mufson, K. H. Pfuetze, C. G. Pilz, R. M. Poske, M. M. Pyle, B. Z. Rappaport (Emeritus), N. B. Roberg (disability leave), F. Rodriguez-Erdmann, K. M. Rosen, M. Samter, A. M. Schmidt (leave of absence), J. T. Sharp, M. A.

Spellberg, M. M. Stanley, G. W. Stuppy (Emeritus), A. VanderKloot (Emeritus), G. A. Walliams, W. L. Wood (Emeritus)

Associate Professors: H. Abtahi, A. D. Barton, R. J. Becker, R. F. Beers, Jr., M. Berg, A. Bernstein, L. H. Berry (Emeritus), H. E. Bessinger, L. L. Braun, G. J. Brebis, H. C. Breuhaus, H. L. Browns, G. V. Byfield, W. F. Cernock, C. B. Clayman, A. P. Creticos, J. A. Detweiler, H. Dizadji, R. B. Epstein, J. W. Fischer (Emeritus), B. W. Fox, D. T. Foxworthy, M. Franklin, S. A. Franzblau, J. P. Freeland, M. A. Goldmann, A. Gunther, J. J. Hahn, B. Hall, W. J. Hand, W. S. Harris, R. L. Herting, J. B. Hoesley, H. L. Hunter, S. M. Kahn, E. S. Krasnow, M. R. Lichtenstein (Emeritus), C. J. Lundy (Emeritus), F. B. Lusk (Emeritus), J. C. McMillan, Jr. (Emeritus), M. M. Meyer, M. M. Mosko, J. T. Paul, L. Perlman, R. J. Pietras, V. K. G. Pillay, I. Pilot (Emeritus), T. Z. Polley, J. M. Pouget, S. J. Presley, E. J. Ranke, A. Robbins, S. H. Rosenblum (Emeritus), A. N. Ruggie, S. G. Schade, A. F. Schick, P. Schimert, F. D. Schwartz, H. A. Shafter, W. H. Shlaes, A. L. Siegel, I. S. Siglin, R. L. Simons, S. B. Spira, E. D. Stanley, G. A. Vance, H. Wakefield (Emeritus), S. W. Weisberg, D. E. Wilson, S. Zivin

Assistant Professors: C. Abraira, J. G. Adams III, F. J. Al-Bazzaz, L. W. Allen, M. W. Aren, A. R. Aronson, W. W. Ashley, T. Balsam, S. Barrocas, C. F. Baumeister, J. N. Bell, F. G. Berlinger, M. S. Bhorade, M. Binder, J. B. Blackaller, W. V. Blazek, W. F. Boehm, Jr., S. Boonjarern, N. S. Browdy, M. Budrys, F. C. Carter, J. H. Cavanaugh, G. M. Cerchio, M. M. Chertack, B. S. Chertow, J. M. Coleman, J. C. Cooksey, P. Denes, R. L. Devetsky, W. G. DeYoung, R. C. Dhingra, M. J. Evanich, E. Feldman, W. E. Fishman, R. G. Gailitis, R. H. Garcia-Camilo, N. B. Goldberg, M. J. Goldstein, I. M. Grais, R. S. Griffin, P. D. Gupta, L. F. Gutierrez, A. A. Gutman, E. V. Handelman, R. W. Hedger, H. L. Jensen, M. H. D. Johnson, H. R. Kamenear, H. S. Kantor, J. C. King, R. Kirshen, J. V. Koik, W. J. Kristy, J. C. Kulis, S. Kumar, G. H. Laing (Emeritus), G. R. Lang, M. Lopata, W. E. Mathy, P. S. Mayer, B. R. Mayron, V. E. McBryde, G. Y. Mills, R. L. Muldoon, N. Nadler, J. R. Necheles (Emeritus), G. A. Nelson, Jr., J. F. Neskodny, H. Neuhaus, M. Neumann, J. E. Neustadt, H. Nevinny-Stickel, J. S. Newman, J. Oden, Jr., C. A. Otero, L. C. Penev, G. T. Perry, G. Podzamsky, V. Popa, E. R. Priest, D. B. Rappaport, N. M. Richards, L. J. Riff, D. S. Rosset, S. R. Salberg, A. R. Sapienza, I. R. Savin, G. S. Scholly, J. H. Shah, G. Sosa, H. B. Stone, J. M. Swarts, C. Y. Teng, R. Teplitz, L. P. Tremonti, Jr., P. Werner, E. B. J. Winslow, G. O. Zeman, R. C. Zimmerman, J. R. Zvetina

Lecturers: R. E. Casas, S. R. Cogan, G. Dunea, J. J. Frankel, W. I. Freud, G. M. Gaertner, W. S. Hoffman (Emeritus), E. Kammerling, H. A. Levy, E. B. Magid, J. E. Martin, E. F. Montgomery, V. E. Pollak, A. H.

Rosenblum, S. D. Schwartz, U. L. Seffer, H. B. Shrifter, S. J. Slodki, I. J. Stern, E. K. Straus (Emerita)

Associates: H. I. Abzug, D. J. Alloco, D. A. Balling, P. Balter, P. J. Beinar, G. M. Berkowitz, P. M. Berman, A. C. Berroya, D. Berroya, S. Bharati, R. A. Bielinski, M. B. Blumberg, H. L. Bresler, E. Butler, Jr., A. J. Carballo, K. K. Chawla, E. L. Chua, H. B. A. Chua, R. Chuquimia, M. P. Claudio, M. A. Colbert, D. E. Conrad, H. M. Crystal, T. B. Dinzey, E. V. Evaristo, J. P. Fairbairn, C. R. Farra, S. Feldman, N. L. Fishman, F. T. Frigan, R. F. Fucik, M. Garsenstein, T. R. Glatter, R. Gonzalez, L. J. Grimelli (Emeritus), E. Grosz (Emeritus), E. J. Hawrylewicz, C. J. Hesser, J. H. Hirschmann, W. F. Hoeppner (Emeritus), E. E. Howell, N. J. Iglitzen, T. Inoue, B. M. Jacobson, A. C. Jain, M. Jamil, E. O. Johanet, A. Kerlow, R. Kiani, T. E. Kioutas, W. J. Kirby (Emeritus), L. Klein, W. F. Kondratowicz, F. J. Konicek, L. A. Kosova, H. Kurz, C. A. Labotka, C. E. Laster, P. S. Lee, F. Madenberg, L. A. Manelli, R. L. Mann, J. J. Marrella, J. Marsi, N. J. Martinez, R. J. Matthews, H. C. Meyer, Y. Moneer, C. A. Montgomery, H. H. Muriel, R. D. Nathan, L. Ohringer, W. W. O'Neill, E. W. Passarelli, K. J. Patt, J. Pedron, E. Pinsel, S. Rachlin, S. F. Rahman, M. A. Real, W. R. Reotutar, J. H. Robbins, L. Rosenblum, G. Ruiz, P. W. Saltzman, R. A. Scala, D. M. Schaaff, A. H. Schoenwetter, A. A. Serritella, S. U. Shams, E. Shulruff, E. H. Siegel, J. Singh, S. J. Spinuzza, H. F. Staack, Jr., J. R. Stern, J. F. Strauss, Jr., D. L. Streicher, S. Subramanian, D. R. Swarner, H. E. Sweeney, M. J. Szanto, P. Vibulakaopun, E. A. Vondrasek, C. L. Williams, D. Wu, B. S. Wyatt, E. Yarzagaray

Instructors: L. F. Amat-y-leon, J. A. L. Arruda, J. Aruguete, V. Aticharta-kan, D. E. Bedford, N. C. Bhoopalam, J. T. Branit, R. Catchatourian, Y. H. Chen, R. Chhablani, H. B. A. Chua, J. E. Cummings, D. A. Deano, W. M. Dralle, J. S. Dumlao, J. H. Dyniewicz (Emerita), S. El Hindi, M. A. Ellison, J. J. Engel, T. J. M. Evans, S. C. Fernando, W. D. Fish, H. C. Fishman, E. A. Georgoulis, M. A. Ghafoor, S. C. Kukreja, F. Lopez, A. T. Luskin, E. A. Mahr, J. W. McKeever, R. R. McKendall, M. Mellody (Emerita), G. S. Motto, R. M. Norris, C. Panusarn, A. P. Panwalker, P. E. Reith, P. R. Roy, H. Sabbagh, W. Sangchantr, H. Savage, N. Shantha, D. M. Tate, M. Vongsthrongsri, C. Westenfelder, T. L. Wiseman, C. R. C. Wyndham, A. R. Zander, E. M. Ziolkowski

Internal medicine is concerned with diagnosis and nonsurgical treatment of adults with various systemic diseases, including, infectious, allergic, nutritional, metabolic, endocrine, gastrointestinal, respiratory, renal, reticuloendothelial, hematologic, cardiovascular, connective tissue, and musculoskeletal disorders. An internist may play one or more of the following roles: consultant to other

physicians on difficult problems of diagnosis and treatment; continuing care of patients with problems falling in his realm of expertise; or family friend, advisor, and primary physician. Familiarity with disease patterns and an understanding of their mechanisms are essential to sound medical practice. He must be a scholar. In addition, effective communication between doctor and patient at the intellectual, emotional, and cultural levels is of key importance. The internist should have knowledge, compassion, time to listen, and the ability to provide help when needed. He must recognize the patient's problems, gather additional pertinent data as needed, initiate rational courses of treatment, and monitor the effects of that treatment. He should learn to extend his own abilities through the intelligent use of paramedical personnel. Teaching exercises of the Department of Medicine are aimed at inculcating these qualities and skills in the student.

The medical service tends to be one of the largest services in most general hospitals, and experiences in medicine are available at practically all hospitals of the Abraham Lincoln School of Medicine.

Regular Clinical Curriculum

Phase I. A major objective is the development of skill in obtaining and recording a complete, well-organized account of the patient's major complaints and past history, as well as an accurate comprehensive physical examination. The student must learn to develop rapport with patients, the beginning of sound doctor-patient relationships. Members of the Department of Medicine play key roles as phase coordinators or group leaders at most participating hospitals of the Abraham Lincoln School of Medicine.

Phase II. Problem solving is a key activity of internal medicine. The principal objective of Phase II is to aid the student in development of problem-solving skills, particularly as related to clinical problems. A student usually works up two or more patients per week and is subjected to an intensive critique of his approach to problem-solving skills. For example, most hospitals include journal club sessions in which the student learns how to understand statistical statements appearing in medical articles, and develops a healthy skepticism for the printed word. Members of the Department of Medicine act as coordinators, group leaders, or instructors in other sessions for many Phase II settings.

Phase III. During this phase the student should improve his skills in gathering data from the patient and in making rational decisions relative to management of that patient. In addition, he should acquire a core of knowledge and skills relative to the diseases and procedures coming under the purview of internal medicine. At most settings the student is a part of the health care team along with attending physicians and house staff. He is assigned patients for workup, treatment suggestions, and follow-up. In addition, special activities are scheduled for the student in some settings. At most locations students are involved in Medical Grand Rounds or similar general exercises. The Phase III activities at some hospitals are as a mandatory rotation (about eight weeks) of track 1.

These include the University of Illinois, West Side VA, Hines, and Ravenswood hospitals. At other hospitals in track 1, about twelve-weeks are assigned to Medicine, and other specialty activities are scheduled concomitantly (Illinois Masonic, Lutheran General, Mercy, and Weiss Memorial hospitals). Members of the Department of Medicine have input to students in all other special tracks of Phase III, through ward assignments, consultations on patients, outpatient experiences, or a combination of these.

Phase IV — Selectives. These include senior inpatient clerkships at the University of Illinois Hospital and at the Veterans Administration West Side Hospital. These clerkships are to be arranged by the Head of the Department. Other selectives in the various subspecialty divisions of the Department of Medicine include both clinical and research types, or a combination of both in each subspecialty. These subspecialty selectives are usually an intensive two- to three-month experience under tutorial supervision. These latter programs are to be arranged with the Head of the Department and the Chief of the subspecialty section in which the selective is to be conducted.

It is likely that similar Phase IV experiences will be developed at other hospitals of the Abraham Lincoln School of Medicine.

NEUROSURGERY

Professors: O. Sugar (Head of Department), O. T. Bailey, E. Oldberg, H. C. Voris

Associate Professors: L. V. Amador, A. Arnold, M. Frenkel, M. J. Jerva, R. Pawl, R. C. Selby, Jr., W. W. Whisler

Assistant Professors: B. A. Arias, R. O. Burns, Jr., A. B. Johnson, J. Salazar, C. S. Textor, E. Tobias, D. C. Voris

Clinical Associates: R. A. Beatty, S. Lazar, M. I. Matz, M. A. Quandique

Instructors: A. C. Amine, P. Friedman, H. M. Henry, L. I. Kranzler, J. Mansfield, J. C. Mirabile, E. Smith, S. Wernick

Neurosurgery (surgical neurology) is the branch of medicine dealing with diagnosis and surgical treatment of disorders of the central and peripheral nervous system. It is closely related to medical neurology.

Clinical instruction covers disorders of the nervous system treated by surgical techniques; symptoms, signs, course, pathogenesis, operative procedures, and subsequent course are included.

Research problems in neurosurgery may be investigated in this department.

Regular Clinical Curriculum

Phase II. While there is no regular departmental input, one of the department members has served as a Phase II coordinator.

Phase III. In some Phase III programs, lectures are presented by the Departments of Neurology and Neurosurgery as a single series, with selected instructors giving lectures on specific topics. Similarly, neurosurgical, as well as medical neurological attending personnel, work with the students in the outpatient neurology and neurological surgery clinics.

Phase IV — Selectives. The neurosurgical clerkship is an academic quarter of experience on the neurosurgical service. This involves inpatient and outpatient experience and attendance at rounds, operations, clinics, and conferences. Students will examine and present patients, and participate in planning for investigation and treatment. Up to three students may be accommodated at Mercy Hospital Medical Center; two at the University of Illinois Hospital; and one at the Illinois Masonic Medical Center. Offered in each quarter of the year.

NEUROLOGY

Professors: J. S. Garvin (Head of Department), L. W. Avery (Emeritus), O. T. Bailey, L. D. Boshes, F. A. Gibbs (Emeritus), B. W. Lichtenstein (Emeritus), E. Oldberg (Emeritus)

Associate Professors: P. M. Forman, M. Frenkel, H. M. Manfredi

Assistant Professors: A. N. Barr, N. R. Choudhury, N. B. Dobin, E. L. Gibbs, J. E. Mendoza, E. Page-el, S. V. Ramani, W. C. Wilson, N. Zolt

Clinical Associates: E. D. Johnson, H. W. H. Kienast, V. R. Sorum

Research Associate: H. Mackler

Neurology (medical neurology) is the branch of medicine having to do with diagnosis and nonsurgical treatment of organic disease affecting the central and peripheral nervous system.

The teaching for sophomore students includes lectures on the fundamentals of neurological examination, as a part of Phase I. Lectures on basic neuropathology are incorporated into the teaching of general pathology.

Clinical instruction includes lectures and presentations on medical disorders of the nervous system, including, symptoms, signs, course, pathological base, and treatment.

Graduate work is offered in neuropathology and in clinical neurology.

Regular Clinical Curriculum

Phase II. Basic instruction on taking a neurologic history and performing a neurological examination is given along with a series of lectures in neuropathology.

Phase III. Introductory neurology consisting of two- to three-week time blocks is offered in some of the specialty rotations of track 1. The primary objective is to develop neurologic history taking and examination, and to learn the types of

investigation indicated in common neurologic disorders, the significance of these investigations, and how they influence therapy. There are both inpatient and outpatient experiences; and didactic lectures to correlate and summarize the neuroanatomical, neurophysiological, and clinical manifestations and their relationship to therapy. Su, F, W, and Sp.

Phase IV — Selectives

General Neurology. Responsibility for inpatients and outpatients is given to the student with supervision by the resident and attending staff at the University of Illinois Hospital and West Side Veterans Administration Hospital. In addition, selective didactic lectures given to Phase III students are available. Sessions in psychiatry and neuro-ophthalmology and physical medicine relating to the neurologic patient are integrated in this program. A two-week program in electroencephalography or neuropathology may be elected by the individual. (Maximum of four students at the University of Illinois Hospital and one student at WSVA Hospital.) Su, F, W, and Sp.

Queen Square Neurology. A twelve-week program at the Institute of Neurology, London, England, consists of case demonstrations, lectures, seminars, daily teaching rounds, inpatient care under supervision, and tutorials. This is a strongly structured program. Prerequisites — Phase III neurology, application through Head of the Department of Neurology one year in advance. Offered F, W, and Sp. Maximum of two students.

Neuropsychological Correlates of Organic Brain Dysfunction. Lecture course. Review of basic mechanism of brain-behavior relationships and cognitive correlates of organic brain disease. This will include aphasia, agnosia, learning, memory, etc. One hour per week, eight weeks. F, W, and Sp.

Clinical Electroencephalography. Lecture course. After the first hour, during which the basics of electroencephalography are discussed and a test demonstration given, the lectures will cover the type of electroencephalographic abnormalities in various neurologic diseases, as well as general systemic diseases, and the significance of this investigative technique in diagnosis and treatment. One hour per week, eight weeks. W.

Neuropathology. A four-week full-time course for introduction of the student to basic neuropathology including principles of tissue preparation, staining methods, and neuropathologic findings in diseases. F, W, and Sp. Maximum of two students.

OBSTETRICS AND GYNECOLOGY

Professors: R. M. Wynn (Head of Department), F. H. Falls (Emeritus), W. Gottschalk, R. R. Greene, C. P. McCartney, W. F. Mengert (Emeritus), L. D. Odell, W. A. K. Reynolds, C. J. Smith

Associate Professors: W. S. M. Arrata, J. J. Barton, S. J. Benensohn, J. J.

Biezenski, R. T. Chatterton, Jr., W. F. Dillon, D. M. Farley, M. S. Farmans, J. P. FitzGibbons, V. C. Freda, R. J. Glenner, A. D. Green, J. P. Harrod, Jr., M. M. Kernis, R. A. Lifvendahl (Emeritus), R. V. Lobraico, A. J. Mauzey, J. W. Payne, M. P. Pill, F. O. Priest (Emeritus), E. W. Savage, Jr., H. K. Waddington

Assistant Professors: A. R. Bacon (Emeritus), J. F. Bartels, L. I. Bernard, R. W. Blumstein, C. M. Carey (Emeritus), J. L. Daskal, G. W. Gibson, R. L. Gibson, E. A. Grier, L. A. Hamilton, Jr., M. W. Huffman, C. Jarolim, E. J. Justema, S. C. Kahn, V. A. Lavieri, R. J. Lee, J. E. Maidman, W. J. Marshall, W. S. Miller, J. J. Mullen, G. Pepper, L. F. Peterson, P. Ricks, Jr., O. J. Rosenzweig, D. M. Santilli, R. D. Schreiber, H. Sered (Emeritus), S. Sholder, L. J. Sykora, E. B. Sylvester, J. B. Ullman, B. P. Zummo

Lecturers: G. C. Kotalik, R. H. MacNerland

Clinical Associates: T. F. Bak, P. G. Bubala, G. J. Burica, V. Centeno-Beltran, J. E. Davis, R. J. Dziubyk, F. P. Hesser, A. W. Kush, P. Lekovic, E. G. Leonidas, A. B. Levan, J. V. Libretti, D. Ling, N. Markevich, F. R. Michel, C. R. Millar, G. B. Mizock, S. A. Nemerovski, E. L. Richard, D. Rold, W. G. Rurik, L. G. Scheffel, J. Schifano, F. A. Tworoger, J. F. Williams, V. M. Williger

Instructors: J. S. Angell, A. Attar, A. M. Berman, G. C. Bonertz, E. L. Falloon, T. R. Farmer, J. R. Kostelny, L. K. Lehr, L. LeVine, C. S. Rim, M. A. Rosner, S. B. Ruskin, N. Tolwinsky, R. A. Ziffra

Obstetrics and gynecology are presented to the student as a single discipline. The obstetrician-gynecologist deals with the woman throughout her reproductive years, and with the functional aberrations and diseases of the female generative tract occurring during any time of life. In many respects the obstetrician-gynecologist is the primary physician for women.

Regular Clinical Curriculum

Phase I. The department participates in exercises of Phase I on examination of the patient. Students in small groups spend a period of three hours in the clinic learning the principles of history taking and pelvic and prenatal examination.

Phase III. Each track 1 clinical student spends about eight weeks on the obstetric-gynecologic service. Approximately three-fifths of the students have clerkships at the University of Illinois Hospital. Two-fifths of the students are assigned to one of the following hospitals: Illinois Masonic, Lutheran General, Ravenswood, and Weiss. Students at MacNeal and Mercy hospitals participate in other tracks constituting integrated clerkships of which obstetrics-gynecology is a part. These students do not return to the medical center for didactic sessions. To maximize utilization of the full-time academic staff and exposure to the subspecialties

within the discipline, and to minimize imbalances among the teaching programs of the participating hospitals, students return to the University two days a week for formal instruction in clinical obstetrics, clinical gynecology, gynecologic endocrinology, perinatal medicine, gynecologic pathology, gynecologic oncology, human sexuality, reproductive biology, and office gynecology. During the remainder of the week the student is assigned full time to the clinical service. At the University of Illinois Hospital the student on obstetrics serves as a junior house officer, responsible for histories, physical examination under supervision, and the conduct of normal deliveries. On gynecology he participates in the operative procedures on all his assigned patients. In the clinic he examines all patients and discusses their management with a member of the house or attending staff. He attends gynecologic tumor conference, perinatal conference, and tutorial sessions (twice a week). His activities are closely integrated with those of the department in general.

Phase IV — Selectives. Opportunities are available in several areas of clinical obstetrics and gynecology. Each of these prearranged programs is intended for students who wish to gain more clinical experience than can be obtained during the required clerkship.

General supervision and didactic instruction will be provided by one senior staff member for each of the programs. During the program each student will have ample opportunity to acquire additional technical skills in the particular area.

Three four-week programs are offered. These programs are offered in addition to, rather than instead of, opportunities for research in the department.

Gynecologic Endocrinology, Infertility, and Family Planning. The student will work primarily in the outpatient department, where he will see all patients in the gynecologic endocrine clinic. He will participate in their evaluation and treatment, gain experience with all methods of contraception, and become familiar with the investigation of infertile patients. He will attend the daily noon meeting with the chief of service and the house staff.

Gynecology and Gynecologic Oncology. The student will work with patients in the clinic and in the hospital; he will study all new patients with cancer of the female genital tract and present them to the weekly gynecologic tumor conference. He will receive practical instruction in cytologic and histopathologic diagnostic methods, and then participate in their treatment (surgery, radiation, or chemotherapy). He will have ample opportunity to perform certain diagnostic procedures, such as biopsy of the cervix and curettage of the endometrium. He will gain experience with treated patients through attendance at the weekly tumor clinic. He will attend the daily noon meeting with the chief of service and the house staff.

Delivery Room Obstetrics and Obstetric Anesthesia. The student will spend most of his time in the labor and delivery suite, where he will gain further

experience in the conduct of normal and abnormal labor. He will perform, under supervision, certain obstetric operative procedures such as low forceps and episiotomy, and will assist with others such as cesarean section. He will gain experience in the various techniques of obstetric analgesia and anesthesia. He will attend the daily noon meeting with the chief of service and the house staff.

Elective Courses — Not for Credit

Methods of Conception Control. Biological background and clinical application of contraceptive techniques.

Obstetric and Gynecologic Endocrinology. Endocrine changes in menstruation, conception, gestation, and the puerperium.

Gynecologic Oncology. Histopathology, diagnosis, and treatment of gynecological cancer.

Electron Microscopy of Female Reproductive Tract. Ultrastructural examination of pregnant and nonpregnant female reproductive organs and placenta.

Morphology and Physiology of the Placenta. Histochemical and ultrastructural examination of placenta. Experiments with placental perfusion.

Topics in the Biology of Reproduction. Comparative studies of implantation and placentation. Examination of extraembryonic membranes. Decidualization.

Biochemistry of Gestation. Changes in biochemical status of the woman during pregnancy with special reference to lipid metabolism.

OPHTHALMOLOGY

Professors: M. F. Goldberg (Head of Department), E. Cotlier, E. R. Folk, J. S. Haas, W. F. Hughes, Jr., P. C. Kronfeld (Emeritus), W. F. Moncreiff (Emeritus), E. H. Polley, M. J. Urist

Associate Professors: C. Apple (Emeritus), L. A. Benevento, J. C. Chow, E. B. Fowler (Emeritus), M. Frenkel, H. Q. Kirk, B. M. Krimmer, A. Light, M. T. Miller, E. A. Pushkin, M. F. Rabb, D. Snydacker, C. M. Vygantas, T. N. Zekman

Assistant Professors: R. L. Allen, D. J. Apple, E. B. Bercovici, J. W. Bizzell, D. V. L. Brown, L. I. Chapman, A. A. Constantaras, A. D. Curnyn, W. E. Deutsch, E. W. Fantl, V. F. Feldman, L. R. Fordon, S. O. Galinos, R. G. Gieser, M. H. Goldbaum, R. R. Herbst, F. U. Huamonte, J. A. Kaplan, D. J. Kozil, M. C. Kraff, L. J. Kut, C-B. Lee, R. A. Levine, M. P. Lipsich, I. Menachof, V. P. Oleari, C. J. Parshall, Jr., G. A. Peyman, A. M. Putterman, D. S. Robbin, B. A. Russman, W. A. Scanlon, S. M. Schall, K. J. Scheribel, R. L. Sperling, M. L. Stillerman, J. Tatar, A. E. Tennenbaum, H. H. Tessler, K. E. Ticho, S. J. Vainisi, C. E. West, H. L. Wilder

Lecturers: J. P. Cowen, J. E. McDonald, A. A. Rosenbloom

Clinical Associates: V. M. Leech (Emeritus), F. M. Lhotka

Research Associates: I. P. Acacio, Jr., Y-S. Chiu, J. M. Goldberg, J. H. Sewell, R. V-P. Tao, J. K. Vlchek, Jr., E. D. Wolf

Instructors: B. R. Brose, S. J. Brubaker, J. G. Diamond, S. A. Fox, C. Garfinkle, M. A. Gerstein, E. F. Grabow, M. H. Greenberger, J. M. Hattenhauer, J. C. Hendricks, H. C. Joondeph, M. L. Klein, W. W. Kreft, H. Kronenberg, J. F. Kwinn, A. M. Locketz, J. C. Merritt, D. Mittelman, D. D. Moran, J. E. Paxhia, J. E. Read, H. J. Reinglass, D. W. Vastine, M. J. Willi, M. B. Woolf

The goal of the instruction in ophthalmology is to enable the student to integrate the principles of basic science into the problems of ocular disease, to learn about the techniques of examination of the eye, to know the ocular manifestations of systemic disease, and to recognize the common ocular diseases likely to be encountered in general practice.

Regular Clinical Curriculum

Phase I. The Department of Ophthalmology participates in teaching examination of the eye in many Phase I settings. Emphasis is placed on the estimation of visual acuity, tonometry, visual fields, examination of the external parts of the eye and the ophthalmoscopic examination. At the University Hospitals a combined didactic-clinical program totalling eight hours was given. At other locations varying experiences and time allotments have been utilized for teaching Phase I ophthalmology objectives.

Phase III. In the specialty rotation of track 1 the Department of Ophthalmology offers one-, two-, and three-week rotations at the Illinois Eye and Ear Infirmary and West Side VA Hospital. In other Phase III programs ophthalmology is taught in experiences of varying lengths at many sites.

Phase IV — Selectives. Departmental offerings will fall into two categories:

1) Long block rotations
   a) Research — minimum eight weeks; maximum undefined
   b) Clinical — minimum four weeks; maximum twelve weeks
2) Short course offerings
   a) Ocular Pathology
   b) Neuro-Ophthalmology
   c) Sickle Cell Lecture Series

Electives

All short course Phase IV options could be selected as electives.

ORTHOPAEDIC SURGERY

Professors: R. D. Ray (Head of Department), R. Barmada, F. W. Hark (Emeritus), R. L. Jacobs, C. N. Lambert (Emeritus)

Associate Professors: H. W. Apfelbach, T. A. Fox, F. M. Howard, W. Meltzer, C. J. O'Neill, D. S. Rolander, C. Scuderi (Emeritus), S. J. Shafer, F. Shapiro (Emeritus), L. K. Topouzian

Assistant Professors: J. P. Ahstrom, S. D. Brandon, K. O. Fetrow, R. C. Hamilton, W. A. Hark, A. Y. Ketenjian, R. T. Lidge, W. A. Marshall (Emeritus), T. W. McNeill, R. P. Meany, F. F. Nathan, R. J. Pellicore, R. J. Rothman, J. S. Shapiro, I. M. Siegel, H. E. Turner (Emeritus)

Lecturers: R. L. DeWald, J. O. Galante, R. G. Thompson, E. A. Wojcik

Clinical Associates: J. T. Bianchin, E. Branovacki, M. P. Katz, W. H. Newman, M. J. Schrodt, J. P. Vincent, S. Yelda, W. F. Zwilling

Instructors: E. Abraham, T. J. Fahey, T. L. Huang, G. C. Moczynski, J. C. Ritscherle, R. J. Sandell, I. Shapiro, E. W. Stiller, Jr., R. D. Tetik, R. I. Touma, J. J. Walch

Orthopaedics is that branch of medicine concerned with the study, prevention, and treatment of disorders of the locomotor apparatus. The aim of the departmental undergraduate teaching program is to give the medical student an insight into the diagnosis of some of the common diseases, deformities, and disabilities affecting the extremities and spine. These include genetic disorders, disorders of growth and metabolism, inflammation and infections, metabolic disorders, trauma, neoplasmas, psychosomatic problems, and idiopathic conditions. An attempt is made to relate the various basic sciences to the clinical problems the student may encounter and to correlate the approaches of other specialties including internal medicine, surgery, pediatrics, and the various paramedical services. Students also develop those skills essential for conducting an examination, arriving at a differential diagnosis, and undertaking treatment including application of casts, braces, traction, medical management, and simple surgical skills.

Regular Clinical Curriculum

Phase I. Curricular objectives include familiarity with the normal structure and function of the musculoskeletal system, methods of demonstrating these by physical examination, and elicitation of history relative to possible disorders of this system. These skills are taught by various physicians in a variety of settings of ALSM. What, if any, part in teaching Phase I is played by members of this department depends on arrangements made through local phase coordinators. The department is prepared to present lecture-demonstrations — including movies — as well as small group demonstrations, covering these objectives.

Phase II. This phase is aimed at development of problem-solving skills, and includes instruction in pathology, radiology, and preventive medicine as well as problem-solving sessions oriented to specific patients with a variety of problems.

While the Department of Orthopaedic Surgery is peripheral to most of these activities, when requested to do so, departmental members cooperate at various settings in interdisciplinary exercises related to the musculoskeletal system.

Phase III. As a result of Phase III experiences a student should, with regard to musculoskeletal disorders, gain competence in taking a history, carrying out an examination, developing a differential diagnosis, and ordering appropriate roentgenograms, laboratory tests, and procedures necessary to confirm a diagnosis. He should be introduced to the skills necessary to apply casts, traction, and render emergency orthopaedic treatment. Various types of experiences may relate to these objectives in different settings. Experiences at the University of Illinois Hospital, West Side VA Hospital, and Cook County Hospital consist of two-, three-, or four-week assignments as part of the "specialties" rotation of track 1.

Orthopaedic surgery experiences at other hospitals are of variable format but generally provide similar degrees of exposure. Some provide two-week subrotations during the surgical assignment. Mercy Hospital provides lectures plus a weekly orthopaedic clinic throughout the surgical rotation. At Weiss Memorial Hospital the student may choose one three-week or two one and one-half-week electives during his surgical clerkship; orthopaedics is one of four such available electives.

In light of this variable and often brief formal exposure to orthopaedics, many students may wish to undertake additional independent study to achieve Phase III objectives.

Phase IV — Selectives. Opportunity is provided for participation in the activities of the orthopaedic department including the emergency room, special clinics, research, and seminars. Students electing this course may spend a full quarter on the fracture service at Cook County Hospital, at the West Side VA Hospital, at the University of Illinois Hospital, or in the research laboratories of the department; or the quarter may be divided into various combinations of the foregoing depending on the specific interests of the individual student. Special arrangements may also be made to spend time at other approved institutions in the United States or abroad. This course is offered as a further introduction to diagnostic problems, methods of treatment, and principles of research as applied to the locomotor systems.

OTOLARYNGOLOGY

Professors: A. H. Andrews, Jr. (Head of Department), R. A. Buckingham, A. J. Derbyshire, P. H. Holinger, R. B. Lewy, A. Loewy, R. E. Marcus,

J. J. O'Neill, E. M. Skolnik, B. J. Soboroff, W. H. Theobald (Emeritus), N. Torok, O. E. VanAlyea (Emeritus), L. J. Wallner (Emeritus)

Associate Professors: D. F. Austin, E. A. Friedman, J. Gyorkey, M. E. Joseph, G. S. Livingston (Emeritus), A. L. Ratko, L. A. Satz (Emeritus), J. A. Schild, K. H. Siedentop, M. E. Tardy, Jr., L. T. Tenta

Assistant Professors: H. Aufricht, R. I. Barickman, Jr., M. D. Beers, H. Blumenthal, E. L. Chainski (Emeritus), A. J. Coombs (Emeritus), D. O. Dale, R. A. Eggert, L. D. Greene (Emerita), C. Jeantet, A. G. Kodros, H. I. Laker, M. D. Mansueto, S. B. Mer, F. R. Nykiel, S. Peterson, W. H. Plotkin, E. A. Razim, L. F. Scaramella, W. F. Waldrop (Emeritus)

Clinical Associates: J. M. Campbell, R. A. Casciaro, R. S. Fagelson, R. A. Kowal, R. J. Levin, C. D. Makart, R. M. Meyers, W. A. Smiley (Emeritus), J. D. VanNuys

Research Associate: S. B. Osenar

Instructors: C. M. Alpert, R. F. Bulger, D. D. Caldarelli, J. G. Cravens, A. J. Fabiszak, G. E. Guemmer, A. J. A. Harris, I. N. Karas, G. S. Osborne, H. L. Schotland, A. F. Selder, J. A. Townsend, M. I. Weintraub, S. D. K. Yale, B. A. P. Zink

Otolaryngology is the study of the upper respiratory system, the upper digestive tract, and the special senses of speech, hearing, equilibrium, and olfaction in health and in disease. This includes the social, physiological, and physical aberrations of function as they relate to otology, rhinology, laryngology, bronchoesophagology, maxillofacial surgery, otoneurology, plastic and general surgery of the head and neck area, and communication sciences.

Otology, the study of the functions of the ear, has for its primary aim not only the diagnosis and treatment of diseases of the ear and disorders of verbal communication, but also the important facet of the social rehabilitation of the deaf and hard-of-hearing. So great are the social implications of disturbed hearing and speech that audiology and speech pathology form an important division of otolaryngology.

Bronchoesophagology is related to direct visualization, diagnosis, and therapy of conditions which affect the esophagus, larynx, and tracheobronchial tree.

Community service is rendered by cooperation with the hearing conservation programs of the public and parochial schools, Lake County schools, and the Illinois State School for the Deaf at Jacksonville.

The primary aim of the department is to teach the undergraduate competent examining techniques in order to recognize disease or malfunction in these systems and to evaluate the method of arriving at a correct diagnosis so that therapy may be intelligently applied.

The neurotology section maintains a well-equipped laboratory for study and clinical examinations dealing with equilibrium, dizziness, nystagmus, and asso-

ciated disorders. This laboratory, with its advanced facilities, has served as a prototype for others in the country. This section, like the others, cooperates with other sections, departments, and schools of the University in education and research.

The Center for the Study of Communicative Processes deals with all aspects of auditory communications — hearing, speech, voice, language — at all ages from prenatal to senility. Educational experience is offered through the patient services of audiologic testing, voice and speech testing, and management of disorders. Research programs are active and cooperative. The center maintains an electronic shop for maintenance and development of equipment.

The laboratory section maintains a well-equipped histological laboratory, where special preparations are made of specimens. The section maintains a complete file of otolaryngologic normals and diseases, which is available for teaching and study.

The audiovisual section makes the photographs, slides, and reproductions required for patient care, education, and research.

The research section contributes scientific methodology, analytic evaluation of articles, research methodology, and computer techniques. The section assists faculty and residents' research projects, as well as other departments and schools of the University.

Otolaryngologic radiology is done by the eye and ear infirmary section of the Department of Radiology. Special procedures, studies, and education in the otolaryngologic aspects of radiology are performed by the section.

Regular Clinical Curriculum

Phase I. Objectives include gaining facility in those aspects of the history and physical examination having to do with ear, nose, throat, adjacent areas, and hearing. Members of the Department of Otolaryngology may or may not participate in such teaching in particular settings.

Phase III. In the specialty rotation of track 1 the Department of Otolaryngology offers one-, two-, and three-week rotations at the Illinois Eye and Ear Infirmary. In other Phase III programs otolaryngology is taught in experiences of varying lengths at many sites.

Phase IV — Selectives. Otolaryngology is concerned with the physiologic, physical, and social aberrations of function as they relate to otology, rhinology, laryngology, bronchoesophagology, maxillofacial surgery, head and neck surgery (general and plastic), otoneurology, and audiology. Identification of normal structures by competent examining techniques results in recognition of disease or malfunction of systems and regions included in these disciplines of the specialty. The selectives clerkship program includes student participation in the history-taking and recording examination, diagnosis and treatment of acute conditions, planning for the management of chronic states, and the follow-up

care of patients in the outpatient clinic and hospital. The experience is under the supervision of the attending staff, assisted by members of the house staff who act as preceptors. Students are assigned to the University of Illinois Hospital Eye and Ear Infirmary as well as to the general hospital. Opportunities to assist are available in the outpatient department, in the hospital, in the research section, in the neurotology laboratory, on ward rounds, in the Center for the Study of Communicative Processes, and, when appropriate, in surgery. The speech and hearing staff in the Center for the Study of Communicative Processes at the Eye and Ear Infirmary demonstrates the special aspects of diagnosis and treatment. Departmental and interdepartmental conferences and seminars are an integral part of the student's experience. Didactic periods are included in the curriculum.

Closed-circuit television programming is included as a teaching device. Options include five afternoons per week for six weeks, or five full days per week for four weeks.

PATHOLOGY

Professors: E. A. McGrew (Acting Head of Department), G. A. Bennett (Emeritus), H. R. Catchpole, G. W. Changus, B. Chomet, G. C. Johnson, C. A. Krakower, L. J. LeBeau, E. P. Leroy, S. A. Levinson (Emeritus), G. Milles (Emeritus), S. T. Nerenberg, K. Stern (Emeritus), J. R. Thompson, J. Valaitis, J. P. Waterhouse, R. L. Wong

Associate Professors: S. S. Barron, F. C. Bauer, Jr., W. Drwiega, F. A. O. Eckner, D. E. Eshbaugh, W. R. Fleischer, G. Gyori, H. H. Hetz, J. J. Kearns (Emeritus), J. R. Kraft, A. Learner (Emeritus), N. Ressler, A. M. Ring, U. F. Rowlatt

Assistant Professors: M. S. Ahluwalia, D. F. Albertson, D. J. Apple, E. I. Axelrod, R. J. Buschmann, I. Cantave, J. DiMauro, B. B. Fernandez, E. J. Goldman, D. F. Graziani, K. V. Karachorlu, J. R. Manaligod, N. Martinez, R. R. McKiel, S. N. Millner, J. A. Mir, T. Okuno, E. R. Popescu, J. C. Pritchard, A. J. Rabinovitz, O. L. Rubinstein, E. Somers, R. W. Sommer, C. Torres, Sr., H. M. Yamashiroya

Lecturers: C. E. Cahn-Bronner (Emeritus), F. E. Hirsch (Emeritus), L. S. King, M. Lev, B. H. Neiman

Clinical Associates: S. Bakshy, G. C. Fischer, C. Fung, P. Gonzalez, R. L. Kelsey, J. H. Kim, B. M. Lee, J. W. Lo, G. A. Pulido, A. Slonicki, B. R. Tess, J. E. Trota

Research Associate: S. A. Greenspon

Instructors: R. A. Ambrosini, Z. Balbin-Yorro, L. J. Blecka, R. A. Carrara, Y. S. Choi, A. C. de la Cruz, J. I. Dizon, R. H. Doshi, J. M. Grzybowski, V. Hlaing, K. M. Ikram, Y. S. Kanwar, S. Y. Kim, P. Krishna-Reddy,

R. E. Magsino, S. F. Monte, D. Rhone, S. G. Ronan, H. J. Rothenberg III, S. B. Sadeghi, S. Sahgal, R. G. Saidi, F. Serna, A. N. Shah, P. Tantamjarik, M. Theppitaksa, S. Tongiengsom

Pathology is that branch of natural science concerned with disease: its essential nature, its causes and development, and the structural and functional changes occurring in the living bodies in which the disease exists. Following courses in anatomy, biochemistry, physiology and microbiology, the student begins the study of disease with general pathology, which deals with the general principles of disease. This is followed by special or organ pathology and clinical pathology which are presented in a single integrated program.

Regular Clinical Curriculum

Phase Zero. General Principles of Pathology. The broad general objective for this course is to prepare students for Phase I of the clinical curriculum by instruction in the general principles of pathology. The basic physiologic and anatomic responses to injury and gross organ pathology will be stressed to enable students to begin to interpret the symptoms and signs of disease. Lectures, seminars, independent and supervised microscopic and gross specimen study, pathology museum visits, and audiovisual self-education programs will be used. Three half-days per week for eight weeks.

Phases I and II. Recognizing the need for some knowledge of organ pathology and laboratory methods in order for a student to meaningfully gather a data base from a patient (Phase I) and to integrate this data base information into a problem list and management plan (Phase II), the faculty has determined that students should have formal training in organ pathology and clinical pathology, either integrated, or in serial order. Acquisition of comprehensive understanding over a broad base in these areas should be a continued learning activity throughout medical school. The specific focus at this time, however, is more limited. In organ pathology the emphasis is on common clinical conditions with characteristic gross and/or microscopic findings and in which the potentiality for clinicopathological correlations involving the basic medical sciences is readily apparent. In clinical pathology the student should learn to utilize laboratory aids selected with consideration of priority, propriety, limitations, cost, and safety, in the study and management of his patients. He should be able to perform basic laboratory tests and procedures, including venipuncture, urinalysis, complete blood counts, stool examination and gram stain. Phases I and II pathology exercises will be performed at the individual hospitals of assignment. Disease processes affecting each organ and anatomic system are considered in detail. The pathologic physiology and biochemistry of disease are closely integrated with the morphologic changes. Essential diagnostic laboratory procedures are discussed as to their purpose and the manner of evaluating results. The laboratory exercises are designed to correlate and interpret the gross and microscopic changes occurring in diseased tissues. Essential diagnostic laboratory tests are performed in relation

to the diseased organ or system under study. In addition, each student is expected to attend at least four autopsies.

Phases III and IV. It is expected that in all clinical settings of Phases III and IV students will continue to develop their understanding of pathology, pathophysiology, and clinical laboratory medicine through interactions with the pathology department and attendance at autopsy on their patients.

Phase IV — Selectives. Experiences in Pathology. Students selecting these programs may spend four, eight, or twelve weeks, or more than one quarter studying anatomic and/or clinical pathology. Anatomic pathology includes participation in autopsy work, surgical pathology, and exfoliative cytology. Clinical pathology emphasizes laboratory findings and their clinical correlations. Instruction in depth is also provided for diseases of certain organs or systems, or certain facets of clinical pathology. On the other hand, students may devote selective and vacation time toward acquiring research experience and graduate school credits toward a higher degree. During the period that the student is working in anatomic and clinical pathology, he is expected to attend the departmental conferences in pathologic anatomy and in clinical pathology.

PEDIATRICS

Professors: I. M. Rosenthal (Head of Department), A. D. Biggs (Emeritus), J. L. Braudo, I. P. Bronstein (Emeritus), C. D. Butler (Emeritus), J. Greengard (Emeritus), H. J. Grossman, A. R. Hastreiter, S. J. Hoffman (Emeritus), R. E. Keeley, E. F. Lis, R. A. Miller, D. J. Pachman, R. S. Pildes, H. N. Sanford (Emeritus), N. G. Shaw (Emeritus), L. F. Soyka, R. Spaeth, P. W. K. Wong

Associate Professors: S. H. Barron, Jr., L. Breslow, P. M. Forman, G. S. George, L. J. Halpern (Emeritus), G. R. Honig, J. S. Hyde, H. Leichenger (Emeritus), B. L. Lendrum, M. M. Lewison, M. A. Limosani, V. M. LoPriore, R. B. Mack, R. Medenis, S. Metrick, A. L. Pisani, J. Schulz, R. A. Seeler, M. E. Serratto-Benvenuto, N. T. Welford (Emeritus), D. H. Welker (Emerita)

Assistant Professors: B. M. W. Adams, V. M. Alcalde, V. S. Angara, P. N. Baker, B. Block, P. R. Conard, M. E. Cooper, W. L. Crawford (Emeritus), C. W. deLannoy, Jr., A. Y. DeRamos, V. R. DeYoung, I. W. DuBrow, L. I. Evans, E. Fisher, M. Frank, J. B. Hall, M. A. Hruby, M. R. Jackson, N. M. Jacobs, M. Jacobson, P. M. Justice, D. E. Knoblock, K. Kushino, E. Lassers, H. R. Lerner, Z. K. Lillian, D. T. Lim, E. R. Lujan, H. H. Mangurten, H. S. Maurer, H. R. Miller, P. A. Mohr, S. D. Morales, E. Page-el, V. D. Pollard, M. J. Polniaszek, R. A. Richman, W. Romuk, M. O. Sacks, R. Y. Snow, L. H. Trevino, D. Vidyasagar, A. A. Wolf, E. I. Yahiro, L. M. Zollar

Lecturers: J. L. Berman, H. McCulloch (Emeritus), H. B. Okner

Clinical Associates: C. G. Berger, J. S. Cywinski, W. J. Doerscheln, J. E. Freidheim, H. H. Grodzin, T. J. Hinaris, G. W. Hollingsworth, I. Lerner, P. T. Orland, V. Phungrasamee, R. Repasy

Research Associates: A. Krupski, L. K. Miller, R. A. Nyako

Instructors: K. Bhupathy, J. M. Boyd, H. H. Cibul, M. Goldman, Z. Jedliczka, A. A. Perez, I. L. Perez, G. J. Shorr

The major portion of instruction in pediatrics is given in the third year in an eight-week clinical clerkship devoted to the study of care of infants and children. During the clerkship each student spends time in an inpatient pediatric service and in an ambulatory pediatric setting. Students are assigned to one of the following hospitals: University of Illinois, Cook County, Illinois Masonic, Lutheran General, or Mercy.

During the inpatient service the student has close contact with the problems of diagnosis and treatment of the sick child. In the outpatient clinics emphasis is placed on the ambulatory patient and on preventive pediatrics as demonstrated in well-baby clinics. In each portion of the clerkship the history and physical examination of the patient are performed initially by the student, following which, the case is discussed with an instructor. In the outpatient department the student is assigned a new patient daily as well as return visits of patients he has previously seen. Whenever possible the student is encouraged to participate in the diagnostic and therapeutic procedures which are performed on his patients.

On the wards the student participates in ward rounds, seminars, and special conferences which are conducted by the resident and attending staffs. At the various hospitals student seminars in pediatrics are held regularly, during which case presentations are made by the student for discussion with members of the faculty.

Throughout the clerkship the processes of normal physical and emotional growth and development are emphasized, as is the total impact of illness on the child and his family.

Regular Clinical Curriculum

Phase III. Clinical Clerkship. Conducted at University of Illinois, Cook County, Illinois Masonic, Lutheran General, and Mercy hospitals. Eight weeks including inpatient ward and outpatient pediatric clinic services.

Phase IV — Selectives. Advanced Tutorial Studies in Clinical Pediatrics. The student spends the entire quarter on the inpatient service at the University of Illinois Hospital or Cook County Hospital. He is given increased responsibility for care of patients, performance of diagnostic tests, participation in ward activities, conferences, rounds, and seminars under the direction of the resident and attending staff. Limited to two students per quarter at each of the hospitals. Su, F, W, and Sp.

Pediatric Subspecialties and Research. The student spends the entire time in one of the subdivisions of the department devoted to a particular field. He participates in the special diagnostic procedures performed in the individual laboratories as well as in the research program of each. The student also participates in the rounds, conferences, and clinics devoted to the subspecialty. The following divisions in the department accept students:

1. Hematology: University of Illinois Hospital, Cook County Hospital.
2. Cardiology: University of Illinois Hospital, Cook County Children's Hospital.
3. Endocrinology and Metabolism: University of Illinois Hospital, Cook County Children's Hospital.

A maximum of two students per quarter may be enrolled in each division. Su, F, W, and Sp.

PHARMACOLOGY

See section on "School of Basic Medical Sciences — Medical Center" for faculty and general objectives.

Regular Clinical Curriculum

Phases Zero, I, and II. The objective is for the student to understand the role of pharmacological agents in the therapeutic armamentarium, including a working knowledge of pharmacologic features of common groups of drugs. They should understand laws and regulations governing drug use, be familiar with principles in poisoning and overdosage, and comprehend psychosocial factors involved with patients and prescribed medications. The basic background for such knowledge is provided through didactic and seminar sessions given by the Department of Pharmacology of SBMS-MC during Phase Zero, and continued either at the hospital of assignment or with students returning to the Medical Center (depending on availability of appropriate teaching staff) throughout Phases I and II (one-half day per week).

Phases III and IV. Knowledge of therapeutics should be solidified with relation to particular areas of medicine during these experiences, but this is done largely through the clinical departments rather than the Department of Pharmacology. The department is however consulted from time to time in relation to specific problems.

PHYSICAL MEDICINE AND REHABILITATION

Professors: R. R. Wasserman (Acting Head of Department), D. I. Abramson, H. W. Kendell

Associate Professors: K. H. Kohn, C. D. Schwab, H. A. Weiss

Assistant Professors: A. A. Charles, T. G. Hiebert, M. A. Indreika, R. S. Oryshkevich, R. Pribyl, J. H. Spiegler, D. J. Wasserman, N. Yongsmith

Lecturers: L. B. Newman, H. Wing

Instructors: S. Chase, W. Chinskul, V. Eguiguren, J. Laiprasert, R. Wilcox

The objectives of the clinical training programs presented by the Department of Physical Medicine and Rehabilitation are to acquaint the student with special aspects of medical examination and functional evaluation of patients with acute and chronic neuromusculoskeletal disabilities; the prescription and medical supervision of physical, occupational, speech, and other forms of therapy to accomplish maximum physical, mental, social, and vocational rehabilitation; indications, technics, and clinical application of electrodiagnostic testing, including electromyography; indications and limitations in the use of prosthetic and orthotic devices; methods of preventing disability, and the potential for upgrading physical and functional capacity, including ability to perform the usual activities of daily living, in patients with severe and even progressive chronic diseases.

These objectives are accomplished by utilization of ward and clinical rounds, lecture demonstrations, video and audio tapes, and participation in special clinics and conferences.

Regular Clinical Curriculum

Phases II and III. Participation in these phases of the curriculum will be by demonstration of data collection technics with special emphasis on rehabilitation; electrodiagnosis, including electromyography; practical evaluation of patients and review with staff physiatrists; multidisciplinary patient conferences; reviews of department activities with patients referred from other services; and ward rounds.

Phase IV — Selectives. Full-time, four-, eight-, and twelve-week clinical training programs are offered for those students who would like an indepth introduction to and experience with the diagnostic and therapeutic aspects of rehabilitation medicine.

PREVENTIVE MEDICINE AND COMMUNITY HEALTH

Professors: E. A. Lichter (Head of Department), A. Abrams, H. C. Batson (Emeritus), M. C. Brown, B. W. Carnow, A. Gelperin, H. Medak, M. A. Mufson, V. M. Ohlson, I. D. Rotkin, G. E. Westberg

Associate Professors: R. Cohen, C. E. Cunningham, T. C. Doege, C. C. Doughty, W. W. Kamel, B. Lebovits, J. J. Levin, J. M. Levitsky, L. Levy, R. F. Locke, R. S. Mendelsohn, K. E. Nelson, E. A. Piszczek, R. B. Shekelle, H. W. Spies, Q. D. Young

Assistant Professors: R. W. Adams, P. R. DeVise, W. C. Hanly, D. B. Heller, H. G. Orbach, J. Prieto, L. Rowitz, S. Sobel, J. W. Wagner, W. H. Wilson

Lecturers: L. deBoer, T. G. Hull (Emeritus), R. G. Martinek, J. D. Porterfield

Clinical Associates: P. W. Tillman, D. A. Tubesing

Teaching Associate: J. L. M. Knauss

Research Associates: J. H. Dawkins, W. F. Dove (Emeritus), E. E. Jacobs, L. S. Kletke, W. I. Metzger, W. I. Peltz

The objectives of the Department of Preventive Medicine and Community Health are to increase student awareness of the importance of hereditary and environmental determinants of health and disease with special emphasis on social and economic factors; to relate these determinants to the problems of the community and individual patient; to familiarize the student with available community agencies and systems of health care that are helpful in health maintenance and the prevention and treatment of illness; to coordinate the student's knowledge of clinical preventive medicine; and to provide instruction in elementary epidemiology, biostatistics, and the evaluation of data. The basic information in these areas is provided in lectures and demonstrations in all years of the college curriculum.

Required Course in School of Basic Medical Sciences at the Medical Center

Social Medicine. This introductory course describes the structure and health needs of the community, the elements and organization of its health care system, the deficiencies of services for selected target populations, and the various programs and plans for financing these health services. Six hours during winter quarter.

Regular Clinical Curriculum

Phase Zero. Perspectives in Medicine. While interdepartmental, this lecture series contains elements of preventive medicine and community health.

Phase II. Student should demonstrate a knowledge of genetic and epidemiologic factors which influence pathological processes. He should be able to utilize service organizations and other health professionals in the continuing care of his patients. He should be able to critically evaluate reports on experimental and epidemiologic studies in medicine. Individual hospitals organize preventive medicine seminars and journal clubs to help meet these objectives. Principles of epidemiology, vital statistics, and prevention of disease are presented. Examples of topics for consideration include host factors, environmental factors, natural history, community role, physician's role, and primary and secondary

prevention of the leading causes of death and illness in the United States. Principles of epidemiology are emphasized. Social, psychological, and economic determinants and correlates of disease are carefully considered.

Phase III. While not launched in the first year of Phase III, it is likely that a special one-year preventive medicine track will be an available option in the future. Emphasis would be on continuity of care, integration of ambulatory and hospital experiences, and special preventive medicine seminars.

Phase IV — Selectives. Preventive Medicine and Community Health. Students may choose any of three programs. All three have in common a short course in principles of epidemiology and seminars on principles of preventive medicine. In one program the remainder of the time is spent in research with one of the study groups in the departments. Research experience in infectious disease, epidemiology, immunology, human behavior, and human genetics is offered. The second experience is a series of clerkships in infectious diseases in hospitals, coupled with study of the appropriate community agencies in this field. The third program is an organized study of various chronic diseases, utilizing appropriate community agencies, in industrial health, health plans, cancer detection, and health promotion and education.

Urban Medicine. A combination preceptorship and seminar-discussion program for clinical students. Several models of the urban health care setting will be examined by direct participation. Seminar topics will evaluate the nature of and factors contributing to each of the models being studied. There is opportunity for critical observation and evaluation of special interest areas through private practice, group practice, private hospital, public hospital, health department and public health programs, health care plans, neighborhood health centers, and others as student interest dictates.

Environmental Medicine. A laboratory-seminar in chronic disease epidemiology, particularly air pollution as it relates to chronic pulmonary disease. There is clinical experience in chronic pulmonary, clinic and laboratory experience in monitoring and evaluating air pollution data, as well as similar programs involving water and noise pollution and chemical intoxicants. Programs have a clinical epidemiology approach.

Community Mental Health. This program offers a student the opportunity to do intensive readings or an actual small study in the area of community mental health. Two basic directions are offered: (1) the primary prevention of mental illness and promotion of mental health; and (2) the current and projected nature of mental health service delivery systems. Basic interest in one of these areas and a high degree of independence and self-direction are required. Instruction will be through regularly scheduled tutorial sessions. Selected projects could involve contact with zone centers, state hospitals, and other components of the mental health program.

Electives

Epidemiology, I. Basic principles and concepts of descriptive and analytical epidemiology are utilized to demonstrate the use of the epidemiological method in the scientific practice of public health nursing.

Epidemiology, II. Principles, concepts, and methods introduced in Epidemiology, I are applied to the specific analysis of community health problems and programs. Illustrations are drawn from classical studies in epidemiology. There are demonstrations on the use of epidemiological methodology for program planning, program development and program evaluation, and for establishing service and research priorities. Prerequisite: Epidemiology, I.

International Health and Population Dynamics. Introduction to the history, philosophy, goals, and achievements of international health, and to the various governments and agencies committed to international health. Deals with the problems of introducing change to communities, comprehensive health planning, health economics, and training of health professionals around the world. The study of population dynamics and family planning programs in comparative international focus is included, as well as discussion of the commitments of the United States to programs of international health and population dynamics.

Sociology of Mental Disorders. The primary objective of this course is to investigate the sociocultural variables involved in mental illness. The course will involve the study of the social epidemiology of mental illness, patient career cycle, societal labeling, stigma, and community aspects of mental health planning.

Sociology of Mental Retardation. This course will be concerned with the investigation of the social factors involved in mental retardation. Discussion will involve the investigation of the social epidemiology of retardation, family adjustment problems, patient career cycle, and community relationships.

Mental Health in Urban Areas. Examines the ecological structure of the city with special reference to problems posed to successful human adaptation. Deals specifically with such problems as drug abuse, aging, population impaction, mobility of persons, and programs which propose to deal with urban problems. Prerequisites: Nursing 406, Contemporary Trends in Community Mental Health, or permission of instructor.

PSYCHIATRY

Professors: H. L. Muslin (Acting Head of Department), G. H. Borowitz, B. C. Bosselman (Emerita), M. R. Bucher, H. T. Carmichael (Emeritus), R. D. Cartwright, J. E. Gedo, F. J. Gerty (Emeritus), M. M. Gill, P. L. Giovacchini, A. J. Glass, B. L. Greene, E. A. Haggard, J. S. Handler, I. M. Josselyn (Emerita), M. S. Krause, T. Millon, M. D. Parrish, F. T. Rafferty, Jr., M. Ross, L. H. Rudy, M. Sabshin, L. B.

Shapiro, A. P. Solomon (Emeritus), L. E. Tower (Emerita), V. G. Urse, J. Weinberg

Associate Professors: L. Aarons, P. B. Bart, H. R. Beiser, A. R. Benjamin, D. D. Brockman, S. Burack, J. W. Crawford, B. Denner, D. Ehrlich, H. M. Freed, B. H. Gold, E. Gomez, N. H. Greenberg, M. D. Gross, L. Halperin, S. J. Heinze, J. G. Hirsch, I. Judas, J. E. Kysar, G. A. Lage, R. J. Leider, J. J. Levin, S. D. Loomis, F. R. Racusen, C. C. Rhead, A. M. Robertson, C. H. Rodgers, M. J. Rosenthal, M. M. Rosenthal, A. K. Rosenwald, L. Sadow, N. Schlessinger, I. C. Sherman (Emerita), A. Shimbel, W. H. Shlaes, P. R. Singer, I. Spinka, R. J. Thurnblad, T. T. Tourlentes, T. J. Tucker, S. Weiss

Assistant Professors: R. M. Abraira, S. Altschul, W. J. Anderson, B. A. Anjam, T. Balsam, M. C. Barnett, A. Barron, E. E. Benezra, R. L. Bentley, G. K. Berkwits, M. S. Black, G. F. Borge, I. J. Borstein, N. J. Bradley, F. A. Braucher, Jr., J. A. Buettner, R. E. Bussell, C. S. Campbell, W. D. Carlock, R. K. Casper, A. M. C. Castellanos, S. Chaplik, S. C. Charles, C. W. Christensen, A. C. Christopoulos, P. R. Costa, A. David, F. A. DeLeon-Jones, Jr., P. N. Desai, H. I. Diesenhaus, L. D. Y. Dods, P. Dolinko, C. G. Ellinwood, E. G. Espindola, M. B. Evans, I. Fasse, R. T. Fielding, A. Flarsheim, D. L. Foster, L. M. Foster, B. I. Fourcher, L. A. Fourcher, M. Freedman, A. G. Godbole, A. M. Goodsitt, D. J. Greenberg, D. P. Gross, J. E. Halasz, N. L. Hoffenberg, I. Z. Hoffman, J. L. Hofstra, P. Israel, V. A. Jackson, L. I. Jacobs, T. H. Kaplan, G. H. Klumpner, C. H. Kramer, E. S. Lassers, T. J. LaVaque, M. Leifer, R. E. LeLievre, E. E. Lessing, R. S. Levine, S. P. Levine, J. G. Loesch, R. M. Manek, R. I. Martin, M. H. Mason, B. C. Mateo, R. B. Meagher, B. Medenica, G. Meschel, C. Miller, V. J. Mintek, J. L. Moskovic, P. A. Mueller, V. Musonis, J. G. Nemecek, R. W. Nordan, W. Nydza, T. J. Pappadis, A. B. Platt, K. G. Ranky, B. A. Rappaport, J. S. Rejtman, E. A. Rigolin, S. B. Riskus, D. L. Rosenberg, L. Rowitz, M. Samos, A. C. Samuels, J. Sanchez, F. F. Santaella, K. R. Scharf, S. L. Schensul, M. J. Schwarz, A. M. Seiden, R. L. Sheverbush, Jr., W. H. Silverman, V. K. Siomopoulos, R. R. Sipowicz, A. L. Skapars, A. J. Smith, B. Stephan, J. Sytsma, G. J. Telot, D. A. Trakas, J. A. Treppa, P. Tunkunas, E. R. Val, E. M. Vanderstoep, J. J. Vazquez, H. Vergara, J. N. Watzke, W. Weisdorf, S. H. Weissman, S. Wexler, M. Wigutow, R. G. Wilkerson, Jr., J. S. Winberg, R. I. Yufit

Clinical Associates: A. Hilkevitch, K. A. K. Hoehne, S. Liebman, E. M. Patlak, M. L. Stern

Associates: D. L. DeBoer, E. M. Goldberg, J. J. Rossi

Lecturer: O. S. Walters (Emeritus)

Instructors: D. S. Benson, P. J. Berent, S. C. Clarke, R. G. Cumming, W. J.

Filstead, H. M. Fox, H. J. Gault, N. B. Knopf, R. A. Kooker, G. A. Malek, M. J. McCabe, P. Phoungcherdchoo, R. L. Powers, M. N. Quintos, M. J. Reistein, G. A. Rogeness, R. L. Rosenfeld, W. M. Rosenzweig, L. B. Savla, A. B. Schuller, M. S. Shinderman, B. Sklan, H. J. Soloway, D. S. Thompson, J. M. Tilkin

Psychiatry is that branch of medicine concerned with the diagnosis and treatment of disorders of social behavior and reaction to psychological stress. Medical students should learn to understand the influence of sociocultural variables on disease, should be sensitive to the psychological needs of their patients, should appreciate emotional reactions to medical and surgical disease, and should gain some understanding of the psychic processes involved in neurotic disturbances, phobias, conversions, anxiety attacks, perversions, obsessions, compulsions, and psychotic disorders.

Required Course in School of Basic Medical Sciences at the Medical Center

Behavioral Science. The purpose of the course is to demonstrate the importance of biobehavioral, psychological, and sociocultural variables in treating patients effectively. Such variables are brain mechanisms, drugs, maturation, motivation, personality, race, class, sex, ethnicity, and social change. The physician-patient relationship, the role of psychological factors in physical illness, and alternative systems of delivery of health care are among the major topics. Films and videotapes, such as those on family therapy, and sociodrama are used in addition to lectures. An attempt is made to coordinate this program with other aspects of medical training. One hour per week; F, W.

Regular Clinical Curriculum

Phase Zero. Introduction to Examination of the Patient. Medical students struggle with their uneasiness about relating to a patient both in the role of participant-observer and in the role of data-gatherer. In several medical schools including our own, introductory attempts have been made to introduce students to their new roles as young physicians through the use of introductory exercises using a combination of videotapes, films, and group observations of patients along with various combinations of faculty members. The goals in such exercises are to bring the young physician to confront his feelings in a nontraumatizing phasic manner so as to allow him to achieve the optimal distance from a patient which seasoned physicians demonstrate. Therefore, it is our goal in this introduction to clinical medicine and to patients to allow enough contact over time with patients in a more intimate setting so that the student can feel familiar with the role of a physician and to feel familiar with the amount of feelings that he will be experiencing and thus over time to achieve a state of Osler's "equanimity." A vital aspect of these introductory exercises will deal with the cultural variables involved in becoming familiar with a variety of people com-

ing from different backgrounds and with special problems in their environment. Another important area that can be introduced is the hospital milieu as a small society, with the various roles of doctors, nurses, aides, and patients being delineated as a social system. Still another basic learning experience is to bring the students to the task of observing behavior in patients rather than reacting as in ordinary human dialogue. To accomplish this task requires the teaching of a method of observing behavior (verbal and nonverbal, affects, subjective reactions) which begins with familiarity with the role of observer of patients.

The basic format is to bring together smaller groups of students (fifteen to twenty in each group) and faculty (one or two in each group) to begin a set of learning experiences over an eight-week course, once per week. To be effective and to allow for the interaction that is desirable, each session should be three to four hours.

The following represents the eight topics that will be presented each week to the students. Starting in session number one, the students will perform interviews in the various wards of the University of Illinois and West Side Veterans Administration hospitals.

Session #1. Introduction to Observation

Session #2. The Psychology of Patienthood (adult)

Session #3. The Psychology of Patienthood (child)

Session #4. The Hospital as a Psychosocial System

Session #5. The Impact of Surgery

Session #6. The Impact of Acute Medical Illness
(e.g. myocardial infarct, perforated peptic ulcer)

Session #7. The Impact of Chronic Medical Illness

Session #8. The Impact of Developmental Crises on People and Patients

Phase III. Clerkship in Clinical Psychiatry. This is an in-depth experience in psychiatry and psychological medicine. The objectives are learning to identify and evaluate the range of emotional disorders from minor situational reactions to the most serious mental disorders. Students are given an opportunity to become familiar with the various treatments used in the field and to acquire basic skills used in the management of patients with less serious emotional disorders. Students also learn evaluation and management techniques applicable to helping nonpsychiatric patients cope with their medical problems. Students will work with patients from varying age groups, socioeconomic and cultural backgrounds. The role of the family, social and community factors in mental health and dysfunction will be studied and the student will have opportunity to learn about resources in the community available to help deal with patients with special problems.

Much of the teaching is done by individual or small group supervisors at the clinical setting where the students see patients. There are didactic sessions in psychopathology and basic behavioral sciences and seminars covering readings

and discussions of selected topics in the field. In addition, attention will be given to special health problems such as drug abuse, alcoholism, sexual dysfunction, and the seriously ill or dying patient.

Teaching facilities include the inpatient and outpatient units of the hospitals in the Medical Center as well as similar units in the Metropolitan Group of University of Illinois Affiliated Hospitals. In addition, teaching is done on general medical, surgical, and pediatric wards as well as special settings such as child psychiatry clinics, community mental health clinics and private or public psychiatric hospitals with affiliated staff. In most track 1 settings this is a seven to eight week experience.

Phase IV — Selectives. Advanced Experience in Psychiatry. A one-year program is offered to provide the student with a combination of clinical experience and basic science preparation for a career in psychiatry. Participation for periods of less than a year is possible. This is recommended particularly for those students who do not plan a career in psychiatry. The program is designed so that the student will generally spend part time in a clinical setting and part time in didactic sessions throughout the year. The clinical settings recommended for the program are Family Practice, Medicine (inpatient or outpatient), Neurology (inpatient), Pediatrics (inpatient), and Psychiatry (inpatient and outpatient). Other settings may be available by special arrangement. Part of the clinical experience may be gained on a psychiatric service, but exclusive concentration in this area is not recommended. The clinical settings will provide the student the opportunity to function as the physician primarily responsible for evaluation and management of the patients under appropriate supervision.

Concurrent with the clinical experience there will be several didactic sequences, conceived of as basic science for the future psychiatrist. They are:

1. Neurosciences and genetics — integrated teaching of neuroanatomy, neurophysiology, neuropharmacology, and genetics. Three hours per week for twelve weeks. F.

2. Behavioral Science — four quarter sequence — current theory and research.

3. Psychosomatic Medicine — basic concepts; topics for intensive study to be selected from concurrent clinical experiences of students. Three hours per week for twelve weeks. F, W, Sp.

4. Psychiatry Theory — theoretical basis for major current modalities of psychotherapy. Two hours per week for twelve weeks. W.

Students may also undertake the long-term psychotherapy of individual patients and/or a group under supervision during this year.

Special Studies in Psychiatry

For students who wish to undertake special projects or to participate in ongoing research conducted by members of the Department of Psychiatry, individual supervision and tutorial experiences can be arranged.

Masters Program in Medical Psychology

(See also Graduate College catalog.) The graduate program in Medical Psychology, currently being reorganized, is designed to acquaint the student with basic theoretical concepts and methodology relevant to social-psychological research in health service areas. Practical experience in research design and data collection will be emphasized. The course is especially designed for the health science student with an interest in behavioral science research.

A total of forty-eight quarter hours and an approved research thesis is required to complete the Master of Science degree in Medical Psychology.

Elective Courses — Not for Credit

Care of the Dying Patient. Lecture-demonstrations, videotapes, reading assignments. One and one-half hours per week for twelve weeks.

Marital Behavior and Sex. Lectures and films. One and one-half hours per week for twelve weeks. This course will meet each Thursday at noon throughout the academic year.

RADIOLOGY

Professors: V. Capek (Head of Department), G. D. Dobben, H. C. Dudley, I. E. Kirsh, M. Liberson, E. J. Liebner, D. J. Lochman, F. H. Squire (Emeritus), G. E. Valvassori, T. J. Wachowski

Associate Professors: D. S. Beilen (Emeritus), V. J. Harris, B. J. Hill, M. Hochhauser, F. Kahn, S. A. Leader (Emeritus), A. M. Pantone, V. N. Patterson, E. Schwarz

Assistant Professors: B. M. Baker, F. Baylaender, L. Berlin, L. B. Bobrow, E. K. Borchart, G. E. Chan, J. H. Chao, J. W. Coleman, R. E. Darby, W. R. Dziadzka, J. I. Good, M. Green, R. E. Haas, W. J. Henderson, J. Heydemann, J. R. Hoffman, G. F. Hogan, F. L. Hussey, Jr., F. Komovec, G. F. Koptik, S. S. Langer, D. K. Lee, S. J. Mulopulos, S. H. Nasatir, J. M. Nayden, H. Nowicka, E. G. Paguio, R. L. Phillips, N. L. Poteshman, M. F. Rosenberg, L. D. Scott, L. I. Segal, R. P. Taylor, C. F. Whitney, Jr., H. W. Wiggins, Jr.

Lecturer: R. E. Polcyn

Clinical Associates: J. F. Ippoliti, L. Kaufman, P. Lazarovits, H. I. Lopata

Instructors: H. J. Feldman, B. A. Kammer, R. J. Kriz, I. Laszlo, A. Parvin, S. A. Renigers, D. N. Sattem, P. Z. Savilla, C. Seng, M. Van Drunen, N. O. Vinluan, A. J. Zuska

The aim of the teaching program is to familiarize the student with x-ray methods of analysis as applied to anatomy, physiology, and pathology. Continual emphasis is placed on the ever-increasing scope of radiology; the indications for,

and limitations of, various diagnostic and therapeutic procedures; the physical, biological, and genetic principles underlying radiation hazards; and means of preventing or minimizing dangers.

Regular Clinical Curriculum

Phase II. Objectives are for students to know the indications for various types of basic radiologic examinations and to be familiar with normal radiographic patterns. They should become familiar with biologic effects of radiation, radiation therapy, and the use of radionuclides. Formal exercises are organized at the various clinical settings to help students achieve these objectives. These are in the nature of lectures, "flip" sessions, seminars, and self-learning aids.

Phase III. Students should develop diagnostic proficiency with regard to radiographic examinations in various specialties of medicine. This is gained through diagnostic studies done on student-assigned patients, and through interdisciplinary exercises such as grand rounds and clinicopathological conferences. Individual workshops in departments of radiology of component hospitals may be attended by students in various assignments.

Phase IV — Selectives. It will probably be possible to arrange for individual research or intensive study, but details are not available at the time of this printing.

SURGERY

Professors: L. M. Nyhus (Head of Department), A. G. Anderson (Emeritus), R. J. Baker, C. D. Branch, S. O. Burman, J. P. Cannon, C. Cohen, W. H. Cole (Emeritus), J. W. Curtin, T. K. DasGupta, G. deTakats (Emeritus), W. S. Dye, Jr., W. H. Eastman, S. G. Economou, T. C. Everson, E. H. Fell, R. K. Gilchrist (Emeritus), A. F. Goldberg, P. W. Greeley (Emeritus), W. J. Grove, C. G. Guy (Emeritus), H. Javid, R. J. Jensik, H. T. Langston, D. M. Laskin, E. C. Lekan, J. D. Majarakis, G. O. McDonald, F. L. McMillan (Emeritus), G. S. Moss, R. G. Mrazek, Jr., O. E. Nadeau (Emeritus), G. A. Olander, J. H. Olwin, J. R. Orndorff, W. H. Requarth, J. T. Reynolds, R. L. Schmitz, R. C. Schultz, W. Schumer, G. Stadnicki, F. H. Straus (Emeritus), E. L. Strohl, E. A. Stuebner, P. Thorek

Associate Professors: R. A. Atterbury, W. L. Barker, S. Black, C. T. Bombeck, R. G. Canham, J. C. Cooley, N. O. Correll, Jr., C. B. Davis, G. O. deTarnowsky, W. G. Diffenbaugh, A. E. Diggs (Emeritus), C. T. Drake, L. P. Faber, R. Firfer, H. V. Firor, E. Garside (Emeritus), J. F. Giannola, W. J. Gillesby, G. H. Glassford, J. L. Grout, A. T. Haebich, J. A. Hunter, V. Z. Hutchings, F. R. Johnson, O. M. Jonasson, B. C. Kilbourne, A. R. Kraft, J. C. Kukral, A. G. Lawrence, S. E. Lawton

(Emeritus), S. Levitsky, W. Mayne, F. J. Milloy, Jr., D. E. Ore, M. L. Parker (Emeritus), M. Pepper, S. Peskin, A. F. Reimann, J. D. Saletta, A. E. Schairer, R. C. Schultz, L. Seed (Emeritus), J. M. Silver, R. F. Stokes, C. Tatooles

Assistant Professors: H. Abcarian, B. L. Abrams, H. B. Adilman, R. E. Anderson, R. G. Ardekani, K. F. Bader, Jr., R. M. Barone, A. Bass, S. S. Bederman, A. S. Besser, R. L. Bigg, D. R. Boyd, E. A. Broccolo, P. W. Broido, C. D. Brown (Emeritus), G. R. Buckun, C. P. Carroll, L. S. K. Chun, A. Cochin, D. M. Coder, E. P. Cruzat, M. P. Cunningham, E. R. DiMarco, R. A. Dixon, Jr., T. S. Eisenman, A. A. El-Domeiri, J. W. Faulkner, R. Forrest, M. Fox, J. W. Frisch, B. Gabrys, M. I. Gibbel, H. G. Giragos, J. D. Givens, I. Goldfarb, E. G. Goldin, S. M. Goldman, B. A. Goldsmith, R. Green (Emeritus), L. C. Gunn, E. K. Hambrick, S. L. Hamilton, H. G. Hardt, Jr., R. A. Hess, E. Hessl, L. S. Hochman, A. C. Hrejsa, E. Jaffe, C. Ireneus, Jr., R. S. Kaminski, A. Kirsteins, F. E. Knock, R. E. Knode, R. O. Lewis, L. T. Lim, H. A. Lippitz, M-S. Liu, C. N. Mansour, R. P. Martino, A. C. Mazzier, W. J. McNabb, H. I. Meyer (Emeritus), B. Miller, P. Naffah, H. P. Nennhaus, R. L. Nichols, D. R. Norman, D. M. Norris, R. C. Oldfield, Jr., M. M. Patel, E. B. Paulissian, E. R. Picken, J. Pollitt, J. H. Pribble, O. V. Renaud, G. M. Riahi, R. W. Roesel, A. L. Rosen, E. T. Samet, E. B. Sanborn, Jr., B. Sanders, J. H. Sanders, J. R. Seaton, Jr., T. Sellett, D. M. Sohn, H. Sohn, T. J. Starshak, F. W. Strehl, A. B. Swerdlow, R. A. Tarizzo, R. F. Teborek, T. R. Tenczar, M. Teresi, J. V. Wander (Emeritus), M. M. Wasick, C. Y. Werelius, J. G. White, R. B. White, M. F. Witanowski, R. C. Youngberg, H. G. Zacheis

Lecturers: J. V. Apostol, K. F. Borkovec, B. A. Flashner, O. C. Julian, D. M. Long, D. L. Mutchnik, R. W. Nemecek

Research Associates: I. P. Chan, L. Ghosh, O. Holian, N. G. Kalahanis, M. MacKenzie, N. Solhkhah, R. A. Zeineh

Clinical Associates: J. S. Bartolome, Jr., D. M. Berger, B. Borotinski, R. S. Callaghan, A. L. Carney, J. A. Caserta, P. Falk, H. S. Firfer, G. W. Fiscus, R. J. Fragen, D. U. Gasso, I. E. Gordon, H. T. Hesketh, T. D. D. Hoeksema, G. W. Holmes, L. A. Holub, S. J. Kavka, Y. Kim, Y. H. Lee, W.-C. Lui, D. J. McCarthy, F. R. Oskooi, W. S. Reeder, S. Richard, F. H. Rowe, J. Shah-Mirany, H. J. Svab, H. L. Udesky, J. E. Weisenberger, J. B. Williams

Instructors: J. E. Abrahams, H. O. Andersen, R. M. Arensman, H. A. Briele, Jr., K. L. Browns, P. Buinauskas, T. K. Choi, F. S. Chua, J. T. Curry, P. E. Donahue, E. L. Felix, T. V. Geocaris, B. C. Ghosh, H. E. Gillette, J. C. Hastings, S. F. Holtzman, R. M. Johnson, R. J. Krystosek, T. J. Lescher, D. R. Lewis, R. J. Lowe, R. L. Lubar, R. J. Maganini, F. J. Merchant, O. V. D. Mowatt, Y. S. Pae, M. M. Proffitt, J. A. Sandro-

LINI, W. A. SCOVILL, D. R. SLEIGHT, S. A. SOHN, F. D. STAHMANN, G. M. TEARSTON, S. K. WILSON, D. K. WOOD, J. YANG

The major subjects in the undergraduate teaching of surgery are surgical diagnosis, preoperative and postoperative care, and the principles of operative technique. Several additional years of intern and residency experience are required to obtain sufficient training in operative technique and judgment to qualify as a surgeon.

In the clinical years the student begins clerkship work on the ward where he takes the patient's history, performs examinations, and scrubs with the surgical team in the operating room when his patients come to operation. In the preoperative preparation of the patient and particularly in the postoperative care, the student comes in direct contact with the clinical application of physiology, biochemistry, and the other basic sciences.

Regular Clinical Curriculum

Phase I. Development of skill in obtaining and recording a complete, well-organized history and physical examination is basic to diagnosis and evaluation in surgery. Members of the Department of Surgery have served as group leaders in Phase I.

Phase II. Problem solving is a key activity of surgery. The surgeon must often make diagnoses, decide whether or not to operate, decide which operation should be done, and make many component decisions involved in pre- and post-operative management. Some of the group leaders for Phase II programs have been surgeons.

Phase III. During this phase the student should improve his skills in data gathering, decision making, and at the same time acquire core skills and knowledge related to diagnosis and the surgical management of common diseases. The student is generally part of the surgical team, involved in the day-to-day care of inpatients, and assisting in the operating room. In all tracks of Phase III students get some experience with the surgical service of the hospital. In track 1, there is an assignment of about eight weeks to a surgical service. Half or more of this time is spent on general surgery services; some time may be in various surgical subspecialties. Possible rotations include emergency service, thoracic, oral, pediatric, plastic, genitourinary, and vascular surgery, as well as anesthesiology. Students are assigned patients and are responsible for history, physical examination, and initial laboratory work. Two hours per week are spent in the Tumor Clinic at the University of Illinois Hospital in relation to some of the rotations.

Phase IV — Selectives. General Surgery and Surgical Specialties. These programs are offered in order to permit small groups of senior students during the selective quarters to study in depth certain surgical specialties or to enter into research within the Department of Surgery. These courses are offered as full-time clerkships at University of Illinois Hospital, or other hospitals associated

with the University teaching program. The clerkships are not a repetition of the regular clerkship. Rather, the student spends all his time in a particular specialty area under the guidance of one faculty member. A student wishing to engage in research may carry out a problem of his own choice or participate in a faculty member's research program. The following clerkships and research experiences are offered: (1) research in surgery at the University of Illinois Hospital (tumor, general surgery, tissue culture, cardiovascular surgery, experimental gastroenterology, and transplantation); and (2) specialty clerkships (tumor clinic, urology, emergency service, anesthesia, recovery room).

Elective Courses — Not for Credit

Surgical and Clinical Anatomy. A review of gross anatomy, except for central neuroanatomy. Emphasis is based on clinical application and correlations with embryology, physiology, pathology, and clinical surgery and medicine. A one hour lecture-discussion is followed by three hours of laboratory-dissection. Limited to twenty-four students each quarter. Monday afternoons, F, W, Sp.

Surgical Seminar. The content of the course may vary from quarter to quarter depending upon the availability of speakers and their research accomplishments. Slightly more than one-half of the time is devoted to presentations by scientists outside of the department. The rest is devoted to discussion of our own surgical projects, criticizing methods and other features of the protocol. Most of the outside presentations are on research. Two hours each week; F, W, Sp, and Su.

UROLOGY

Professors: S. S. Clark, J. H. Kiefer

Associate Professors: G. O. Baumrucker (Emeritus), F. W. Schacht (Emeritus), C. C. Wiggishoff, E. T. Wilson

Assistant Professors: C. D. Berry, J. A. Calams, R. Cruz, R. E. Dahms, M. Darwish, E. Deniz, A. Diaz, R. A. Flinn, J. A. Kozak, W. C. Meyer, C. O. Ritch (Emeritus), K. H. Simpson, V. Srinivasan

Instructors: S. L. Behrens, H. Kumar, T. C. Malvar, R. Misurec, R. F. Prudencio, J. C. Sutly

Regular Clinical Curriculum

Phase III. Clerkship. Given as an elective in conjunction with surgery rotation. Students are assigned patients and are responsible for the history, physical examination, and initial laboratory work. They also attend ward rounds. Offered at University of Illinois Hospital, Cook County Hospital, and West Side Veterans Administration Hospital. The more important urologic conditions are presented in detail by discussion and demonstration of patients in a weekly urologic seminar. Su, F, W, and Sp.

Office of the Dean
1400 West Main Street
Peoria, Illinois 61606
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PEORIA SCHOOL OF MEDICINE

Dean: N. J. Cotsonas, Jr.

Associate Deans: J. I. Newman, R. M. Trumpe

Director of Administrative Services: F. L. Dudis

Professors: S. B. Binkley (Biochemistry), C. D. Branch (Surgery), H. A. Collins (Surgery), N. J. Cotsonas, Jr. (Medicine), W. H. Eastman (Surgery), S. S. Roberts (Surgery), K. R. Sohlberg (Pathology), O. S. Walters (Psychiatry)

Associate Professors: W. H. Albers (Pediatrics), E. Andri (Psychiatry), D. R. Bordeaux (Family Practice), J. D. Clemmons (Medical Education), P. W. Elwood (Neurosciences), W. F. Elwood (Medical Education), N. K. Furlong (Medicine), H. G. Getz (Medical Education), M. Hava (Pharmacology), E. C. Herrmann, Jr. (Microbiology), W. H. Marshall (Surgery), J. J. McGrath (Physiology), D. E. Rager (Medicine), T. T. Tourlentes (Psychiatry), J. C. Tsang (Biochemistry)

Assistant Professors: B. E. Allen (Library Administration), C. W. Asbury (Preventive Medicine), G. W. Bennett (Pediatric Neurology and Pediatrics), J. W. Berney (Radiology), R. N. Bransky (Surgery), S. Bugaieski (Medicine), B. R. Cahill (Orthopaedic Surgery), T. W. Clark (Family Practice), P. J. Couri (Obstetrics-Gynecology), J. O. Dean (Pathology), P. R. Dirkse (Radiology), J. Domnitz (Medicine), L. R. Estoye (Surgery), C. G. Farnum, Jr. (Medicine), R. A. Flinn (Surgery), D. J. Garwacki (Neurology), C. W. Gibson (Obstetrics-Gynecology), R. L. Gibson (Obstetrics-Gynecology), M. T. Gorsuch (Medicine), R. R. Hall (Pediatrics), G. A. Hart (Family Practice), R. D. Hart (Pediatrics), C. J. Heiberger (Obstetrics-Gynecology), F. J. Heinzen (Family Practice), J. P. Henderson (Neurosurgery), L. B. Holden (Neurosurgery), J. C. Hunt (Radiology), H. G. Johnson (Family Practice), A. S. Maurer (Family Practice), J. P. McGowan (Pathology), J. M. McLean (Neurology), R. O. McMorris (Rehabilitation Medicine), M. A. Miller (Microbiology), W. S. Miller (Obstetrics-Gynecology), M. C. Morris (Family Practice), R. W. Myers (Biochemistry), C. F. Neuhoff (Family Practice), E. S. Peterka (Dermatology), R. A. Pflederer (Medicine), D. Rahman (Pathology), H. H. Rohrer (Preventive Medicine), S. Shay (Medicine), J. E. Sheen (Psychiatry), J. S. Solovy (Medicine), T. O. Tosi (Pediatrics), X. T. Truong (Rehabilitation Medicine), R. L. Tucker (Radiology), F. Z. White, Jr. (Family Practice), L. D. Whittaker, Sr. (Surgery), I. Wickram (Psychology)

Clinical Associates: E. F. Adams (Rehabilitation Medicine), M. A. Adland (Family Practice), A. A. Alcocer (Surgery), G. I. Allen (Medicine), A. B. Babanoury (Urology), M. A. Belinson (Anesthesiology), B. C.

Berg, Jr. (Radiology), G. J. Best (Medicine), P. A. Binney (Psychiatry), P. R. Blough (Obstetrics-Gynecology), H. A. Boldt (Surgery), L. M. Bowers (Urology), R. W. Brandes (Obstetrics-Gynecology), H. F. Brooks (Family Practice), J. G. Brown (Obstetrics-Gynecology), E. S. Bruner (Radiology), S. B. Burdon (Urology), J. P. Callaway (Pediatrics), J. W. Cannon (Family Practice), P. Carmichael (Preventive Medicine), D. K-Y. Chow (Obstetrics-Gynecology), F. K. Clayton (Surgery), A. E. Cohen (Pediatrics), M. H. Cohen (Surgery), D. E. Conner (Orthopaedic Surgery) on military leave, W. Cooley, Jr. (Obstetrics-Gynecology), H. E. Cooper, Jr. (Orthopaedic Surgery), D. Copeland (Pediatrics), G. S. Couri (Preventive Medicine), C. C. Danehower, Jr. (Dermatology), B. V. Davis (Family Practice), R. K. Dean (Medicine), R. A. DeBord (Surgery), S. Decker (Psychiatry), B. A. Dibadj (Pediatrics), G. W. Douglas (Surgery), R. S. Easton (Pediatrics), E. R. Ensrud (Medicine), M. J. Everett (Surgery), A. D. Feinerman (Medicine), A. C. Ferdinand (Pediatrics), W. J. Fitzpatrick (Preventive Medicine), J. J. Flaherty (Orthopaedic Surgery), D. M. Gallagher (Family Practice), L. J. Garcia (Pathology), A. Gaurie (Pathology), J. L. Gibbs (Surgery), G. W. Giebelhausen (Surgery), J. H. Goodlad (Radiology), G. W. Grawey (Preventive Medicine), R. F. Gregorski (Pathology), W. D. Griffin (Surgery), D. W. Habecker (Medicine), L. K. Harman (Obstetrics-Gynecology), W. H. Hart (Surgery), G. O. Hoerr (Medicine), T. Y-T. Hui (Pediatrics), G. E. Johnson (Family Practice), W. T. Kamp (Surgery), K. G. Kechriotis (Pathology), C. E. Kelly (Pathology), J. N. Kenny (Surgery), P. Khorvash (Pediatrics), A. H. Kilgus (Pediatrics), G. Klimock (Pathology), C. S. M. Koerner (Family Practice), J. V. Kopp (Medicine), R. V. Kowalski (Pathology), P. E. Lawless (Family Practice), D. D. Leonida (Preventive Medicine), D. Lew (Preventive Medicine), L. S. Lourie (Preventive Medicine), H. A. Lowy (Family Practice), L. P. Lukancic (Family Practice), T. M. Lukas (Family Practice), A. J. Martens (Surgery), H. J. McMenamin (Rehabilitation Medicine), T. R. McMorrow (Pediatrics), T. McMullen (Pathology), G. B. McNeely (Preventive Medicine), D. R. McRaven (Medicine), S. E. E. Miller (Family Practice), P. D. Millikin (Pathology), A. H. Mirza (Medicine), J. D. Murphy (Obstetrics-Gynecology), J. D. Myers (Medicine), R. T. Myers (Anesthesiology), W. R. Nace (Family Practice), R. E. Neumann (Family Practice), P. M. Norris (Surgery), A. J. Novotny (Orthopaedic Surgery), J. C. O'Brian (Family Practice), F. R. Oskooi (Surgery), J. W. Otten (Surgery), P. T. Palmer (Preventive Medicine), N. E. Powers (Family Practice), A. G. Rashid (Medicine), O. Rian (Dermatology), R. J. Richardson (Plastic Surgery), R. W. Ridley (Surgery), R. B. Rutherford (Medicine), E. J. Saad (Obstetrics-Gynecology), S. M. Scalzo (Family Practice), E. W. Schauerte (Radiology), E. J.

Schlicksup (Urology), M. E. Schmidt (Pathology), W. Schwied (Medicine), R. E. Seward (Family Practice), M. A. Sheikh (Pathology), G. C. Shonat (Surgery), C. R. Smith (Family Practice), G. G. Spano (Family Practice), C. W. Stovall, Jr. (Urology), F. L. Stuttle (Surgery), J. C. Stutzman (Urology), R. E. Sumner (Family Practice), M. D. Swearingen (Family Practice), J. J. Taraska (Pathology), L. D. Tarsinos (Urology), C. J. Thomas (Family Practice), R. E. Thompson, Jr. (Medicine), E. A. Turow (Psychiatry and Neuropsychiatry), R. E. Vandenberg (Obstetrics-Gynecology), H. C. Vesely (Family Practice), A. N. Ward (Preventive Medicine), C. V. Ward (Surgery), J. S. Ward (Psychiatry), H. A. Warren (Medicine), L. L. Watson, Jr. (Orthopaedic Surgery), I. J. Weigensberg (Radiology), H. Weinstein (Surgery), B. V. Wetchler (Anesthesiology), C. F. White (Rehabilitation Medicine), L. D. Whittaker, Jr. (Surgery), D. A. B. Willander (Orthopaedic Surgery), R. D. William (Anesthesiology), J. C. Woerner (Pediatrics), W. J. Zich (Radiology), G. F. Zwicky, Jr. (Radiology)

Research Associates: R. J. Bothast (Microbiology), J. A. DePinto, Jr. (Microbiology), E. Frow (Biochemistry), R. E. Wing (Biochemistry)

Associates: A. L. Hunsicker (Psychology), S. S. Rosenberg (Psychology)

Instructors: M. Eppinger (Medical Education), J. H. Wilson (Orthopaedic Surgery) on military leave

The Peoria School of Medicine, a regional, semiautonomous, three-year clinical school, was established July 1, 1970 as part of the reorganization and expansion of the College of Medicine of the University of Illinois. It established as its goals, a curriculum allowing for the maximum intellectual development of the student, the development of a healthy environment for the community of central Illinois, and an opportunity for the development of a quality, comprehensive system of medical care. The school is engaged in the development of an innovative model for medical education, utilizing existing community clinical facilities for the conduct of all clinical experiences for students. The faculty of over 225, consisting primarily of practicing physicians, has established the objectives and the philosophy of the school and has accepted primary responsibility for the development and implementation of the curriculum.

The Peoria School of Medicine, with a primary commitment to the undergraduate medical education of physicians, seeks to promote the development of quality programs in graduate medical education, and to make a significant contribution as a participant in the continuing medical education of the practicing professional. The integration of these three areas of education into a continuum is an ongoing effort of the faculty and the administration of the school.

Peoria School of Medicine located on the Bradley University campus.

The school is administered by the dean and the faculty within the framework of the College of Medicine.

Facilities

The Peoria School of Medicine is located on the Bradley University campus a few blocks west of downtown Peoria. Burgess and Sisson Halls serve as the school's temporary home and provide housing for the administrative offices, library, educational resource laboratories, lecture rooms, conference rooms and teaching laboratories. A wide variety of housing facilities, convenient to the school and its affiliated institutions, is available for students and families in the surrounding area.

Greater Peoria, the largest metropolitan area in downstate Illinois, has a population of approximately 275,000. Methodist, Proctor, and St. Francis hospitals are affiliated with the Peoria School of Medicine and provide over 1700 beds and serve as major loci for clinical teaching. These three acute general hospitals have over 54,000 admissions annually. Psychiatric inpatient and outpatient experiences are provided through an affiliation with the Zeller Zone Center, a 200-bed comprehensive mental health facility. A similar affiliation with the Institute for Physical Medicine and

Laboratory at Peoria School of Medicine.

Rehabilitation gives students opportunities for experience in this important discipline of medicine. Other allied agencies provide the student with an overview of primary care, such as the Allied Agencies Center, a new affiliate.

The Library of the Health Sciences is housed on the lower floor of Burgess and Sisson Halls and contains a collection of more than 8,000 volumes; some 400 primary clinical medical journals are also received. The library serves as the regional resource library in west central Illinois and is a MEDLINE search center. Trained search analysts are on hand to assist users in formulating on-line computer searches of the medical literature. The library offers all usual library services, and materials not available locally are supplied from Chicago, usually within forty-eight hours. The library will grow to 30,000 volumes over the next five years, and a new library is in the planning stages. The libraries of the affiliated hospitals are also available for use by students.

Peoria has a tradition of serving as a medical referral center for central Illinois. Now the hub of a sixteen-county health region, with a population of over one million and a hospital bed capacity of 9000, Peoria serves as one of the Regional Trauma Centers for the Illinois State-Wide Emergency Trauma System. Its clinical institutions, in addition to providing

Library of the Peoria School of Medicine.

general care facilities of exceptional quality, also provide dialysis units, neonatal intensive care facilities, sophisticated nuclear medicine and high voltage radiation capabilities, open heart surgery, and phased coronary care centers.

The Curriculum

The faculty of the Peoria School of Medicine seeks to provide a dynamic curriculum which will allow the maximal intellectual development of the student. The educational experience endeavors to engender student interest in delivering comprehensive health care to the citizens of the region and the state.

Considering the life-long continuum of learning to be an integral part of a medical career, the curriculum is designed to encourage individual responsibility and intellectual inquisitiveness. The curriculum is clinically oriented in all phases, and seeks to integrate and correlate relevant basic and behavioral sciences.

The curriculum for the first clinical (sophomore) year provides an introduction to clinical medicine. Emphasizing the whole patient, the social, psychological, and environmental aspects of health, the course concentrates on individual organ systems. Patient contact allows the student to utilize and expand basic skills in problem solving and to gain insight

Students reviewing patient record.

into the doctor-patient relationship. Concentration on clinico-pathophysiological correlations permits the student to integrate basic science into a body of fundamental knowledge regarding the normal function of the human organism and its response to disease.

The second year (junior) provides a setting where the supervision of students by physicians engaged in primary care and specialists in various disciplines of medicine places emphasis on the clinical practice of medicine and the delivery of health care. After beginning with a basic clerkship of four weeks duration, the student has seven additional four-week rotations in the clinical disciplines. The junior year is a continuation of the integrated process developed in the second year and provides the core introduction to medicine. Using case studies, learning experiences are

provided on the wards of affiliated community hospitals, in outpatient units oriented in family practice, in offices of physicians in solo practice, in group-practice settings, and in a variety of other health agencies and facilities within the community and the region. Supervised study and the management of patients encourage growth in the decision-making process and the acceptance of responsibility. The student has the opportunity to form a close association with allied health professionals actively engaged in responding to the needs of patients, which provides a model for future practice patterns. Understanding the physician's role as a member of the health team is critical to the growth and maturation of the student.

The third year (senior) is spent in elective programs, to permit self-determined interests and career patterns to evolve. These elective opportunities give the student a wide variety of educational experiences from which he may tailor a program of his own choosing. Programs are available in traditional clinical disciplines, basic science, basic and clinical research, behavioral sciences (especially as related to the delivery of comprehensive health care), preventive medicine, and rehabilitation medicine. Students are also encouraged to develop programs of interest with members of the faculty, after approval of the office of the dean.

The Peoria School of Medicine participates in the College of Medicine program for independent study and provides each year in the Peoria School of Medicine program opportunities for up to fifteen percent of the class to enter into this mode of education. Candidates are selected through an interview process. Further information is available from the Office of the Associate Dean for Academic Affairs, 1400 West Main Street, Peoria, Illinois 61606.

Sophomore Year Curriculum

Introduction to the Patient. This initial segment of the second year curriculum, while emphasizing basic concepts in patient interviewing and physical examination, is also concerned with the relationship of the patient to his total environment. The problem-oriented record is introduced as the vehicle for recording patient information. Basic pathology (including the role of the laboratory in diagnosis) and an introduction to pharmacology and psychiatry are presented during this segment.

Cardiovascular. The cardiovascular system segment is designed to provide the second-year medical student with an understanding of congenital heart disease, acquired heart disease, and hypertension by correlating patients with cardiovascular disease to the basic pathological process.

Respiratory. In the respiratory system segment, the student learns the data acquisition process for the respiratory organ system, and correlates such data

with health and disease as it pertains to anatomy, physiology and pathology. The student is expected to demonstrate his understanding of the respiratory organ system and its diseases at the end of this experience.

Gastrointestinal. In the gastrointestinal system segment, the second-year student becomes acquainted with the gross and histologic pathology as well as the physiological pathology of the gastrointestinal tract. The segment relates diseases of the gut to clinically recognized syndromes and demonstrates the manifestations of disease in terms of history and physical findings as well as laboratory and radiological alterations.

Renal and Urinary. The curriculum for sophomore students in the renal and urinary system is designed to provide the second-year medical student with skills necessary for the diagnosis and treatment of maladies that pertain to that organ system. It is assumed that the student is familiar with the normal embryology, anatomy, histology, and physiology of the renal and urinary system. The emphasis during this period is on pathology and pathophysiology and their correlation with clinical disease. A series of different patient problems is presented in a way which will allow each student to explore in detail the pertinent pathological entities. The problems are either simulated case presentations or actual cases as they become available.

Neuromuscular, Skeletal, and Special Senses. The general goal of this segment is to give the second-year student a functional knowledge of the pathophysiology of the neuromuscular system, the musculoskeletal system and the special senses. Practice in the skill of history taking, physical examination, and other methods of data acquisition pertaining to these systems is provided.

Endocrine and Reproductive. The four weeks on the endocrine and reproductive systems are an introduction to the various pathological states. The normal biochemistry and anatomy of the organs involved are reviewed. The emphasis is clinical, although the salient gross and microscopic features of the variously encountered pathological states are also covered.

Hematopoietic and Reticuloendothelial. The hematopoietic and reticuloendothelial segment reacquaints the student with normal production and normal and abnormal activity and response to stimuli of the formed and fluid elements of the blood as well as the morphology of the cells. Examination of patients, elicitation of history, and selection and evaluation of laboratory procedures are planned to correlate physiologic responses to therapeutic events in patients with anemia, bleeding dyscrasias, and neoplasms. Basic pathologic processes are covered in detail in representative forms of these diseases. Blood transfusion is treated both as a therapeutic agent, with emphasis on indications and responses, and as an introduction to immunologic activity. Basic immunologic relationships of lymphoid and thymic tissue both between component cells and toward sensitizing agents are reviewed. Syndromes of immunologic deficiencies are studied primarily through a case history approach.

Junior Year Curriculum

Basic Clerkship. A four-week basic clerkship is conducted at the three major teaching affiliates for all students. The objective of this experience is to provide an opportunity for each student to develop a minimum level of competency in the necessary skills required in developing techniques in problem solving. Emphasizing interviewing, physical examination, utilization of the problem-oriented record, data interpretation and case presentations, this experience extensively utilizes videotaping as a mechanism for both students and faculty to assess the accomplishment of objectives.

Medicine Clerkship. The medicine clerkship is conducted at Methodist, Proctor, or St. Francis hospitals for a period of eight weeks. This clerkship is designed to develop the student's abilities in problem-solving techniques. Case load assignments are related to the student's progress. Emphasis is placed on the utilization of acquired data for the development of patient problem list and plans for management.

Surgery Clerkship. The surgery clerkship is conducted at Methodist, Proctor, or St. Francis hospitals. The student acquires basic competence in surgical diagnosis and judgment, pre- and postoperative care, and operative techniques. The student is assigned patients, is responsible for the history and physical examination, and scrubs with the surgical team when his assigned patients go to surgery. The students also receive experience in emergency-room care and in outpatient management.

Pediatric Clerkship. The pediatric clerkship is conducted at Methodist, Proctor, or St. Francis hospitals. During six weeks of the eight-week clerkship, students spend two weeks with newborn, two weeks with infants, and two weeks with older children. One-half day of each week is spent in the pediatric outpatient clinic. The remaining two weeks are spent in pediatricians' offices for experience in ambulatory care.

Obstetrics-Gynecology Clerkship. Each student spends eight weeks on the obstetric-gynecologic service. The student is assigned patients, is responsible for the history and physical examination, and conducts normal deliveries under supervision. Each student should expect to deliver approximately ten women; he participates in gynecologic operative procedures on his assigned patients. He also participates weekly in conferences, ward rounds, and attends two outpatient clinics per week.

Mixed Clerkship. The mixed clerkship of four weeks duration is conducted in the major teaching affiliates and provides experience in the surgical subspecialties of orthopaedics and urology. This clerkship is designed to provide the student with an understanding of the role of these subspecialties in the delivery of health care and to assist him in determining his interests in seeking further knowledge of these areas during his elective years.

Neurosciences Clerkship. This required experience has the following objectives: to extend the students' skills in history taking and neurological examination; to familiarize the student with the indications and contraindications for neurological diagnostic studies and procedures; and to familiarize the student with neurological literature.

Psychiatric Clerkship. A four-week experience in inpatient and outpatient psychiatry is provided. The equivalent of two weeks is spent at the St. Francis Hospital Inpatient Psychiatric Service. Part of this training is devoted to an integrated program with the other disciplines so that students can deal with the emotional problems in general of patients who are in the medical, surgical, and pediatric facilities of the hospital. While at the Inpatient Psychiatric Service of St. Francis, the students evaluate patients with severe psychiatric pathology (psychotic reactions and severe psychoneurotic reactions). A total of one week is spent at the mental health clinic where students see less severe psychoneurotic reactions (anxiety and depression) and some psychosomatic reactions and personality disorders. A total of one week is devoted to adolescent psychiatry and family therapy at Zeller Zone Center. All of these experiences aim at improving the students' interviewing skills while they develop diagnostic skills and familiarize themselves with treatment approaches to patients.

Alternate Quarters

Family Practice — Methodist Hospital. The students are introduced to the concept of totality of care through demonstrations and involvement with inpatient care within the hospital and continuing care in office settings. The problem-oriented record is used in this instructional experience.

Family Practice — Proctor Hospital. This is a five-week program to be combined with any other similar length program. The program provides experience for students interested in the total care (whole-man concept) of patients of all ages — diagnosis, treatment, and continuing medical care in a family practice setting (private general practice).

Family Practice — St. Francis Hospital. The alternate quarter in family practice at St. Francis Hospital provides experience in both inpatient and outpatient medicine in a variety of settings. Outpatient experience is in the family practice department of the St. Francis Community Clinic and in the two outreach clinics operating in medically deprived areas of the city. Inpatient experience gives the student the responsibility for initial work-up, diagnostic and therapeutic planning, and proposed follow-up treatment of patients admitted under chosen members of the family practice teaching staff. Supervision is assigned to the teaching staff members.

Internal Medicine — Medical and Surgical Clinic. This quarter provides the student with concepts of total patient care in a group practice setting. Both inpatient and outpatient experience is provided. The student is under the supervision of internists in the fourteen-man multispecialty group practice.

Internal Medicine — St. Francis Hospital. This program provides students with additional experience in the case study method, in a setting which imposes a high level of patient responsibility upon the learner. Upon completion of this course, the student demonstrates his ability to satisfactorily evaluate and manage every aspect of an acute illness typical of those requiring emergency hospital admission. The student is assigned to the inpatient medical service unit of St. Francis Hospital in Peoria. One student. Prerequisite: the basic medical clerkship.

Advanced Internal Medicine — Methodist Hospital. This clerkship provides the student with an individualized course designed to provide additional learning experiences in internal medicine. On the basis of pretest and interview, an educational prescription is developed for the student. He is then assigned to patients demonstrating the disease processes determined to be important to meet his educational needs. The problem-oriented approach is used throughout the course. Prerequisite: basic clerkship in internal medicine.

Advanced Obstetrics-Gynecology. This course is designed to give the interested student further experience in the field of obstetrics and gynecology. It includes delivery and operating room experience as well as an opportunity to follow patients in an outpatient setting. The latter is accomplished in both hospital-based clinics and in the offices of private practicing obstetrician-gynecologists. Prerequisite: basic clerkship in obstetrics-gynecology.

Orthopedics. This clerkship is designed to provide the student with an opportunity to diagnose and treat common orthopedic conditions in a preceptor-type arrangement. Learning experiences occur in the local hospitals, clinics, and offices of the faculty. Prerequisite: senior students only.

Neurosciences. The objective of this educational experience is to provide the interested student with increased skills in performing the neurological examination and an increased knowledge level of the clinical neurosciences. In a preceptorship arrangement, the student learns the fundamentals of the electroencephalogram and develops proficiency in the performance of other diagnostic procedures. Diagnostic work-up of patients and management is conducted under the direct observation of attending physicians. Prerequisite: basic neuroscience clerkship.

Surgical Clerkship — Peoria Surgical Group. This experience is designed for students with an interest in surgery. The student sees how the practice of surgery is conducted in a community center, and gains insights into patient-physician and family-physician relationships. The clerk is assigned patients in the office setting, performs initial history and physical examination, participates in preoperative care, assists in surgery, and follows the patient through the postoperative recovery period.

Urology — Methodist Hospital. This program provides students with experience in the practice of urology. It acquaints students with a general urology practice including pediatrics, female, and male general urology. It also con-

tains a significant amount of nephrology and general medicine. Basic surgical pre- and postoperative care is learned as well as operative technique. Upon completion of the course, the student should be able to deal effectively with nearly all urologic diseases and should have an appreciation of indicated surgical procedures.

Anesthesiology. This program provides the student with an introduction to the practice of anesthesia and the postoperative management of patients. The quarter is divided into three sessions, the first on clinical anesthesiology, the second on inhalation therapy, and the third an assignment to special care units.

Pediatrics — St. Francis Hospital. This quarter provides an experience with community pediatrics in a large community teaching hospital. Six weeks are spent in the management of acutely ill patients, with the students having intern-type responsibility under the supervision of a pediatric resident. The remainder of the clerkship is divided into a three-week period on neonatal medicine and a three-week period on outpatient medicine under the supervision of a pediatrician.

Rehabilitation Medicine. This clerkship acquaints students with the various diagnostic and therapeutic techniques of physical medicine and assists them in acquiring skills in the application of these techniques. The student is under the supervision of three full-time physiatrists in the Institute of Physical Medicine and Rehabilitation.

Radiology. This six-week program is conducted in the radiology departments of the three Peoria community hospitals. It provides the students with an understanding of the role of radiologists in the diagnosis and treatment of disease. The hazards of radiation and social and economic considerations are also emphasized.

Pathology. This program is designed for students who want more knowledge of the complex diagnostic possibilities of laboratory medicine. It offers a variable rotation through the laboratory and is designed to overlap "anatomic" and "clinical" pathology as well as clinical service to patients. It provides experience and guidance in laboratory procedures and the interpretation of data.

Cardiac Care — Methodist Hospital. This quarter develops the student's abilities to interpret electrocardiograms, diagnose and treat the arrhythmias seen in a coronary care unit, assist in the insertion of temporary and permanent cardiac pacemakers, and assist in cardiopulmonary resuscitation. The student will be able to insert central venous pressure catheters and cardiac pacing catheters, perform a physical examination on cardiac patients, and explain the physiological aberrations observed in congestive heart failure, cardiogenic shock, arrhythmias, and pulmonary embolism. The student is assigned to the cardiac care unit of Methodist Hospital, a twenty-nine bed unit which includes a seven-bed Phase I coronary care unit, an eight-bed Phase II telemetry unit, and a fourteen-bed Phase III convalescent unit. A special procedures room in the cardiac

care unit is equipped for pacemaker insertions using an image intensifier fluoroscope.

Intensive Care — Methodist Hospital. In this quarter the student is involved in the management of patient problems requiring maximum care (such as hemorrhagic shock, pulmonary embolism, respiratory failure, and renal failure). Experience is provided in the use of monitoring equipment, defibrillators, and hemodialysis. The student acquires skills in insertion of CVP catheters and endotracheal tubes, cardiopulmonary resuscitation, regulation of respirators, and others. The case study format is utilized. The program is under the guidance of the faculty of the Peoria School of Medicine in the intensive care unit of Methodist Hospital. Prerequisite: any required clinical clerkship.

Recreational Facilities

A modern YMCA providing gymnasium facilities, including handball courts and swimming pool, is available to students. The physical education facilities, game rooms, and intramural programs of Bradley University are also available for student recreational activity. A magnificent park system provides five public golf courses, tennis courts, and delightfully scenic areas for hiking, picnicking or simply visual enjoyment. The location of Peoria on the Illinois River provides many facilities for the sailing or powerboat enthusiast.

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ROCKFORD SCHOOL OF MEDICINE

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Associate Professors: R. F. Beers (Medicine), R. D. DeSwarte (Medicine), J. G. Pittman (Medicine), R. M. Reece (Pediatrics), J. W. Seidlin (Obstetrics-Gynecology), E. H. Sharp (Surgery), W. N. Slinger (Dermatology), W. G. Smith (Psychiatry), E. T. Sorensen (Medicine), R. S. Webb (Surgery)

Assistant Professors: R. E. Anderson (Surgery), K. F. Bader (Surgery), M. Barancik (Medicine), D. M. Barr III (Family Medicine), G. E. Boyd (Family Medicine), P. K. Burkholder (Medicine), J. A. Cheek, Jr. (Pediatrics), A. D. Claremont (Physiology), R. F. Collins (Microbiology), W. D. Cox (Surgery), M. G. Feinzimer (Medicine), T. N. Fisher (Medicine), T. R. Glatter (Medicine), P. T. Grimes (Anesthesiology), D. F. Hajek (Medicine), G. W. Hall (Family Medicine), S. Hall (Family Medicine), R. H. Harner (Cardiology), R. D. Harshfield (Pharmacology), G. Hoffman (Psychiatry), D. H. Holder (Orthopaedics), D. MacLean (Psychiatry), N. J. Manno (Neurology), S. B. Mer (Otolaryngology), L. T. F. Pap (Medicine), G. R. Peterson (Medicine), R. H. Pierce (Radiology), T. H. Quinlan (Medical Education), D. L. Richardson (Pharmacology), R. D. Roark (Family Medicine), R. J. Rosenberg (Urology), L. Rubin (Dermatology), P. J. Seward (Family Medicine), V. A. Smith (Family Medicine), G. F. Staub (Pediatrics), D. H. Wortmann (Pediatrics)

Clinical Associates: M. H. Agustsson, M. O. Alexander, H. C. Anderson, P. A. Anderson, R. L. Anderson, S. E. Anderson, B. F. Avery, W. W. Babcock, Jr., L. P. Bach, J. L. Bacon, J. J. Bailey, C. S. Ballinger, D. E. Banicki, R. A. Behmer, J. L. Bender, J. P. Berger, L. F. Blomberg, J. Bona, W. W. Boswell, J. A. Bowman, A. Braze, I. M. Brechtel, E. Bruch, R. E. Burmeister, G. T. Burns, J. C. Cadenas, H. C. Carlson, Jr., D. J. Chang, R. G. Christiansen, T. W. Cook, Jr., E. M. Crawford, M. F. Cristoforo, K. R. Davis, P. E. Dee, F. H. Descourouez, N. R. Dougherty, R. F. Doyle, H. J. Drell, M. L. Duchon, T. S. Eliseo, J. A. Elliott, D. T. Ellis, J. T. English, D. F. Fancsali, D. P. Feeney, R. C. Fellows, J. R. Fenoglio, J. R. Foster, A. L. Francik, J. N. Frederick, W. C. Fuller, J. J. Giliberti, E. M. Gindler, C. W. Gray, J. G.

Graybill, G. C. Green, R. G. Green, B. E. Greenfield, R. B. Greifinger, M. I. Guminski, N. P. Gurney, N. A. Hagman, A. S. Halle, R. G. Halvorson, G. W. Hambrook, R. T. Hammel, H. W. Harrison, R. F. Harvey, R. E. Heerens, M. L. Henderson, R. A. Henry, R. D. Hilbert, M. V. Hinken, H. M-C. Ho, J. Hosek, E. G. Hrasky, S. Jannoun, H. A. Johnson, R. P. Johnson, R. W. Johnson, H. D. Jones, W. D. Jones, K. J. Kalweit, A. Kaplan, M. Katz, G. A. Kernwein, J. D. King, E. W. Klink, M. F. F. Kohl, W. W. Kolatalo, L. T. Koritz, W. J. Kramer, D. W. Krans, H. P. Krueger, C. J. Lafler, T. J. Lang, G. D. Langejans, H. E. LaPlante, W. M. Larson, H. P. Lash, J. H. Laubscher, C. L. Leonard, E. T. Leonard, J. T. Leonard, H. M. Levin, W. C. Lewis, J. P. Locksmith, W. L. Lowry, G. D. Lucas, T. T. Lukasik, J. G. Lyday, D. W. Lyddon, Jr., D. W. Lyddon, Sr., A. C. Maimon, L. C. Makeever, A. C. Manetti, W. J. Marx, A. R. K. Matthews, J. P. McHugh, C. B McIntosh, J. F. McKeage, E. J. McKinney, J. P. McPherson, C. J. Mellies, A. C. Meyer, K. Modir, F. A. Munsey, F. Nador, M. L. Nicholson, D. E. Norbeck, R. M. Norris, W. O. Orlow, C. E. Osadjan, Jr., G. Oster, L. R. Owano, T. J. Pak, J. L. Palumbo, G. S. Pap, H. W. Pemberton, J. B. Perez, C. L. Picus, E. V. Platt, V. Ploplys, M. Plotkin, R. I. Pritikin, J. L. Probasco, R. M. Ragsdale, R. E. Ramstedt, H. H. Reeves, C. A. Richards, F. H. Riordan III, C. T. Roe, Jr., B. Roseberg, R. Runstrom, E. Sarkarati, J. R. Sattler, N. A. Schafer, E. A. Schilling, B. C. Schnell, I. Schwartz, W. F. Seifert, J. M. Severson, Jr., C. P. Smith, C. S. Smith, F. N. Smith, Jr., J. H. Smith, R. G. Smith, S. S. Smith, G. S. Stansell, D. J. Stinson, G. S. Stohl, A. E. Sulek, A. M. Swanson, R. F. Taylor, J. E. Tillis, J. H. Topp, I. H. Trejo, H. G. Vanderspek, H. W. VanLandingham, J. H. VanLandingham, C. J. Wacker, R. A. Warrner, R. D. Weber, D. E. Wedgbury, D. R. Welsh, R. M. Wendel, R. E. Whitsitt, P. F. Wilkinson, H. D. Willuhn, R. G. Wilson, K. L. Wrage, D. H. Wrork, R. F. Yake, C. N. Young, R. W. Zack, J. P. Zammuto, H. E. Zenisek, Sr., P. G. Zimmerman

Research Associates: J. K. Bain, T. H. Hollon, S. Johansen, J. Magero, W. J. Snyder

Associates: T. S. Eliseo, B. H. Lathrop, J. E. Orthoefer

Instructors: D. L. Masters (Family Medicine), J. A. Schmitt (Dietetics)

The Rockford School of Medicine (RSM) was created by the Board of Trustees of the University of Illinois in May 1971. The school represents both a philosophical and a practical departure from the traditional post-Flexner academic medical center. It is designed as a medical school without physical or psychological walls and represents a bridge spanning the academic medical center and the community health needs and expectations. RSM is predicated on the concept that the community hos-

pital, with its staff of practicing physicians, and other community health resources form a valid basis for the education of medical students. Patient care and medical education are viewed as a unit, and the medical student is considered a vital member of the health care team. While firmly believing that the scientific practice of medicine rests on continuing research into basic biological phenomena, RSM places particular emphasis on developing competent and committed physicians in all specialties, with special attention to primary comprehensive care.

Rockford, the second largest city in Illinois, has a population of approximately 150,000 with a patient 'catchment area' of close to 300,000. Three acute general hospitals (Rockford Memorial, Swedish-American, and St. Anthony's) provide 1,100 beds and 90 bassinets and have over 38,000 admissions and 5,000 deliveries annually. Combined outpatient visits for treatment and diagnostic studies approximate 200,000 each year. In addition, a 200-bed state-operated psychiatric hospital (the Singer Zone Center) provides both inpatient and ambulatory care for emotionally disturbed patients in the area.

There are three nursing schools within the city. Rehabilitation centers, regional trauma centers, an acute and chronic dialysis unit, a neonatal intensive care ward, an open heart surgical team, a pulmonary function unit, and high voltage radiation facilities are available and provide the community with highly sophisticated medical care. At the same time, approximately 50 general practitioners (out of 250 active physicians) provide comprehensive care and form an essential part of the community's health care team.

Rockford is an industrial but smogless city noted especially for its machine-tool plants. The recreational facilities of Rock Valley College and Rockford College are available to the faculty, house staff, and students of RSM. A new YMCA offers swimming, basketball, handball, and paddleball, and public tennis courts, pools, and golf courses are also available. A wide variety of housing (furnished and unfurnished apartments, rooms, duplexes, and houses) is available at reasonable prices. Rockford is linked to Chicago by an expressway; the Loop is ninety minutes away by regularly scheduled buses. O'Hare International Airport and many winter and summer recreational areas in southern Wisconsin are an hour's drive from Rockford.

Curriculum

The curriculum of RSM has been largely developed by the community's practicing physicians, who also teach in the school along with full-

time faculty members. The overall goal of the curriculum is to produce a physician with a highly developed sense of professional responsibility for individual patients and a sense of social responsibility for the health needs of the community. RSM sees education as a lifelong process; the student will be encouraged to develop methods and habits for his continuing medical education. The curriculum consists of three major parts: a basic professional experience comprising most of the sophomore and junior years, the basic hospital experience during the senior year, and a basic ambulatory experience spanning the three years.

The initial three months are devoted to preclinical orientation. Direct involvement with patients will begin in the second week with graduated experience in history taking and physical examination. The problem-oriented medical record will be introduced and will form the basis, not only for patient evaluation, but also for self-evaluation and peer review. In addition, the microbiology review, anatomical pathology review, introduction to clinical pathology, organ pathology, clinical pharmacology, and anatomical radiology comprise the remainder of the preclinical phase. Its function is to provide a basic set of data in the above areas, considered prerequisite to functioning in a clinical environment.

The basic professional experience is composed of thirteen segments essential for all physicians regardless of future career choice. Four weeks will be devoted to each of the following segments: reproduction, nervous system, immunology, pulmonary system and anesthesiology, renal and urinary systems, integumentary system, independent study, and eye, ear, nose and throat. Eight-week blocks will be spent on cardiovascular system, gastrointestinal system, infectious disease, reticuloendothelial system, musculoskeletal system, and endocrinology and metabolism. This is a tutorial small group program with some seminars. The teaching of basic knowledge and clinical skills and attitudes is combined, avoiding the division between "preclinical" and "clinical" sciences.

During the preclinical phase period the student will be introduced to the basic ambulatory experience community health center program. This is a program which provides experience and instruction in ambulatory care while offering health care to communities in the Rockford area lacking a sufficient number of physicians. The patient panels are a cross section of local populations, simulating the actual practice of family medicine that the student may encounter after graduation. Throughout the three years at RSM each student will spend two half-days per week in a community health center. The student will be at the same center during his three years, giving him the opportunity for a close doctor-

patient relationship and for a longitudinal observation of the natural history of disease. The teacher-practitioners staffing the community health centers are physicians skilled in ambulatory care; they include qualified internists, pediatricians, and family practitioners. The teacher-student ratio varies between one to two and one to four. Subspecialty consultations will be available as needed. Community health centers also form an essential part of the psychiatric teaching program. Members of the psychiatric faculty visit each center on a regular schedule and see patients with students and teacher-practitioners.

The final year at the RSM is the basic hospital experience. The student will continue to visit his community health center for one-half day weekly, the remainder of his time will be spent working with patients in the four community hospitals. This year is designed to meet several objectives. First, it will teach the student the fundamentals of internal medicine and psychiatry, two fields that pervade all other spheres of clinical medicine. Second, it will permit the student considerable elective time in which to pursue his individual goals. The senior year has been structured as an internship, with the student assuming increasingly direct responsibility for patient care under the supervision of the resident staff and the faculty. It is intended that the more responsibility given to a medical student, the more medicine he learns; every effort is made to permit the student to assume responsibility for his patients commensurate with his knowledge, skill, and maturity. Around a core of internal medicine and psychiatry, the flexible senior curriculum offers the student a wide selection of both categorical and flexible programs including surgery, pediatrics, obstetrics-gynecology, pathology, radiology, clinical pharmacology, community medicine, and various surgical and medical subspecialties.

Graduate Medical Education

An approved three-year residency in family practice began on July 1, 1972, with eleven residents; it will grow to thirty-six residents. The program is designed to produce a specialist well-versed in internal medicine, pediatrics, psychiatry, and community and preventive medicine. Major electives in obstetrics and surgery are available for interested residents. A model Family Practice Unit in the medical school building provides a focus for the educational experience. Full residency programs in the other specialties are now being developed and will be opened in the future. A number of James Scholars in independent study are also accepted.

Electives

In addition to the clinical electives available during the senior year, there are other optional experiences. An *education elective* is available during the senior year to give the student an understanding of the teaching-learning process and some of the methodologies and tools of education related to the medical sphere. A *research elective* is available to the student during all three years. Under the guidance of a faculty member, he may pursue a research project of his choosing at either a basic science or clinical level.

Library

The Woodruff L. Crawford Library of the Health Sciences contains more than 15,000 volumes and subscribes to over 500 major medical journals. The collection will double in size over the next five years. A new library is planned for 1976. In addition to its own collection, the library draws upon the collections of the 250,000-volume Library of the Health Sciences in Chicago and materials are usually available within forty-eight hours. The library is a MEDLINE center and resource library for Northern Illinois and a trained search analyst assists users in the formulation of their query prior to performing the on-line computer search for them. The libraries of the affiliated hospitals are also available to students.

METROPOLITAN CHICAGO GROUP
OF UNIVERSITY OF ILLINOIS
AFFILIATED HOSPITALS

Office of the Executive Dean
Room 131 DMP
1853 West Polk Street
Chicago, Illinois 60612
(312) 996-3500

METROPOLITAN CHICAGO GROUP OF UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS

Associate Dean: J. J. Hahn

In December 1970 six community hospitals in the Chicago metropolitan area became affiliated with the College of Medicine. These hospitals are:

Illinois Masonic Medical Center, 836 Wellington Avenue, Chicago 60657

Louis A. Weiss Memorial Hospital, 4646 Marine Drive, Chicago 60640

Lutheran General & Deaconess Hospitals, 1775 Dempster Street, Park Ridge 60068

Mercy Hospital Medical Center, Stevenson Expressway at King Drive, Chicago 60616

Ravenswood Hospital Medical Center, 1931 West Wilson Avenue, Chicago 60640

MacNeal Memorial Hospital, 3249 South Oak Park Avenue, Berwyn 60402

Collectively these are informally known as the metropolitan hospital group. The faculty based in these hospitals constitute a large clinical teaching staff. Students assigned to the Abraham Lincoln School of Medicine are assigned to these hospitals for clinical clerkships. Together the hospitals provide a wide variety of educational experiences.

SCHOOL OF ASSOCIATED MEDICAL SCIENCES

Office of the Dean
Room 169
808 South Wood Street
Chicago, Illinois 60612
(312) 996-6695

SCHOOL OF ASSOCIATED MEDICAL SCIENCES

Dean: T. F. Zimmerman
Assistant Deans: R. M. French, R. J. Schimmel
Director, Continuing Education: R. I. Heinemann
Director, Educational Career Mobility: H. G. Grobman

The School of Associated Medical Sciences (SAMS), established within the College of Medicine in 1963, offers: (1) course work leading to a baccalaureate degree in six curricular areas: medical art, medical dietetics, medical record administration, medical laboratory sciences, occupational therapy, and physical therapy; (2) leadership and support for allied health education subjects assisting the regional school of the college; and (3) an active continuing education program. The school is committed to the presentation of an innovative and relevant educational experience in the health sciences responsive to the needs of the individual student, patient care, the community, and the betterment of the professions represented in the health professions.

Students enrolled in the baccalaureate curricula matriculate to the school at the Medical Center following successful completion of from two to three years of acceptable undergraduate preprofessional education with the University of Illinois or another accredited university. At the Medical Center and throughout a growing network of regional and community programs, students are provided with a substantial body of knowledge and professional skills to meet the needs of their chosen profession. Each of the students participate in learning opportunities which focus on the interdisciplinary function of the cooperative "health care team." Common course content has been identified and is provided in the basic and clinical science areas. With the participation and assistance of the School of Basic Medical Sciences at the Medical Center and the Abraham Lincoln School of Medicine, core course instruction in anatomy, biochemistry, physiology, pathology, microbiology, medicine, orthopaedic surgery, pediatrics, physical medicine, psychiatry, and surgery is offered to SAMS students. Within the school, instruction and guidance in courses involving administration and organization, and independent study programs are offered.

The School of Associated Medical Sciences is firmly committed to the concept of regionalization as espoused by the College of Medicine and its Area Health Education System program. In support of this commitment, educational activities of the school extend beyond the geographic limits of the Medical Center and place students in meaningful experiences in clinical facilities throughout the greater metropolitan Chicago area and

in the areas surrounding Rockford, Peoria and Urbana-Champaign. These activities further prepare the school's students for comprehensive participation in health care by providing additional opportunities to work collaboratively in the health care delivery system with students and professionals of varying health disciplines at sites involved in actual patient care activities.

The school strives to instill in its students an appreciation of their worth in health care, and an awareness of the need to continue learning throughout their professional lives. The school actively cosponsors with the Area Health Education System project, numerous workshop activities designed to continually upgrade the competence of health professionals. During the past year, these activities covered the northern portion of the state of Illinois and included activities designed for dietitians, medical technologists, occupational therapists, physical therapists, and medical record administrators. It is anticipated that the pace of these activities will increase over the future years.

Questions concerning the educational programs and activities of the School of Associated Medical Sciences may be directed to the Office of the Dean, School of Associated Medical Sciences, Room 169-N, 808 South Wood Street, Chicago, Illinois 60612. Questions concerning the curricula listed and described on the following pages may be directed to the director of that curriculum. Application forms are available upon request from the Office of Admissions and Records, University of Illinois at the Medical Center, P.O. Box 6698, Chicago, Illinois 60680.

CURRICULUM IN MEDICAL ART

Professor: A. H. Goodwin (Director of Curriculum)

Associate Professors: E. W. Hospodar, W. R. Schwarz

Assistant Professor: R. F. Parshall

Instructor: A. A. Katz

The medical illustrator's function is to develop visual materials to facilitate communication in the health sciences. While individual work situations may vary greatly, duties of the medical illustrator might typically be expected to include:

1. production of drawings and illustrations to accompany and help clarify the accompanying narratives in scientific texts, periodicals, and printed instructional materials;
2. create drawings for use in instructional television, or films and slides to illustrate procedures when live action photography cannot adequately illustrate the point being made in the presentation; and

3. produce three-dimensional anatomical models which are often needed for instructional and/or display purposes in the classroom and for films and television.

Some medical illustrators specialize in the latter activity. It is not uncommon for the medical illustrator to be involved in the design and organization of travelling exhibits for use at health conventions and for permanent displays in museums.

The medical illustrator is an expert in the "presentation" of material. He works daily with individuals who possess great expertise in their subject areas, but require his assistance in determining how best to purvey their knowledge, through visual aids, to others. Usually, the medical illustrator will function as nearly a full partner with the subject matter specialists and educators who employ his services. His experience and judgment in the practical communication of ideas can make him an invaluable asset in planning education content and methodology and in producing effective art work.

The University of Illinois offers students an educational foundation in art and the biological sciences through three years of study at the College of Fine and Applied Arts on the Urbana-Champaign campus. The student then applies for admission to the curriculum of the School of Associated Medical Sciences at the Medical Center campus, where he undergoes two additional years of study in art as applied to the health sciences. During this professional educational phase, the student studies human gross anatomy, neuroanatomy, histology, and pathology. The student also becomes familiar with the general pulse of activities in scientific research and education, learns to adapt his drawing skills to the special needs of scientific communication, and becomes adept at investigating unfamiliar subject areas while expediently synthesizing this knowledge — acquired from a variety of sources — into an informative, understandable, visual presentation. Throughout the educational experience, the student is urged to view his work objectively; the medical illustrator must be capable of developing an underlying sense of critical appraisal which will enable him to evaluate his work, regardless of what form it should take at some time in the future.

The curriculum in medical art is one of four educational programs in the United States which is accredited by the Association of American Medical Illustrators. Satisfactory completion of the five-year program qualifies students for the degree of Bachelor of Science in Medical Art.

CURRICULUM IN MEDICAL DIETETICS

Assistant Professors: D. Brownold (Director of Curriculum), S. K. Kamath, C. F. B. Orstead

Instructors: J. G. Gary, M. B. West

The curriculum in medical dietetics is a coordinated undergraduate program in dietetics, which is an integral component of health promotion and disease management. Graduates of the program may either function as:

1. clinical dietitians, who function as therapeutic dietitians in hospitals or outpatient clinics, or
2. community nutritionists working with Boards of Health and other agencies to extend nutritional services to the community.

In each of these settings, the major role of the dietitian is to modify existing diets in a manner conducive to good health, and to provide nutritional counseling and education to people in the community area. The dietitian provides nutritional care to people; estimates the nutrient needs, and translates these needs into foods. The expertise of the medical dietitian as a consultant can also be utilized by food producers who require interpretive data on consumer nutritional needs in the development and marketing of food products.

A medical dietitian must be knowledgeable in the sciences of pathology, biochemistry, food science, nutrition, sociology, and physiology, as well as in the art of nutritional counseling. Familiarity with nutrient requirements throughout the human cycle and particularly under disease conditions is a vital component of the basic educational preparation of students in the curriculum. In planning nutritional care for individuals or groups, the dietitian must not only recognize clearly their dietary needs, but must also study these needs in relation to their environment. Suggestions regarding modifications in nutritional practices must be cognizant of and take into consideration existing food habit patterns.

After completion of two years of undergraduate study, the student may apply for admission to the curriculum in medical dietetics at the Medical Center campus. If accepted, students matriculate to the School of Associated Medical Sciences in the fall quarter of their junior year, and enter into seven quarters of full-time study. Throughout this period of study students are afforded an educational experience which combines didactic instruction with clinical experiences at sites remote from the campus. In this latter sequence, the curriculum utilizes the medical and community facilities of the University and of metropolitan Chicago to provide a variety of relevant learning experiences in actual practice settings. Thus, the program differs from the traditional method of dietetic education in which the internship follows the completion of a baccalaureate degree program.

The curriculum in medical dietetics is accredited by the American Dietetic Association. Students successfully completing the program are eligible to receive a Bachelor of Science in Medical Dietetics degree and qualify as eligible for registration by the American Dietetic Association.

CURRICULUM IN MEDICAL RECORD ADMINISTRATION

Associate Professor: R. M. Finnegan (Director of Curriculum)

Assistant Professor: C. A. Eodchick

Instructors: M. Amatayakul, J. L. F. Canham

The medical record administrator provides direction and leadership in

gathering and utilizing scientific and social information relative to health care. The objective of the administrator's activities, which may include the following, is that data collected and recorded are meaningful and decipherable at all levels of care. The medical record administrator in the discharge of duties will:

1. Obtain complete records on individual patients from each member of the professional staff (surgeons, pathologists, nurses, and others) which often involves planning medical record systems and designing new forms to provide all necessary information.
2. Design and maintain a filing system capable of making each individual patient record readily available.
3. Release information from the record files to authorized persons. (Medical records of former patients are often required to facilitate emergency treatment. Health officials, insurance company officers, attorneys, and others must be provided with accurate information which can be obtained only through medical records.)
4. Analyze records which come to the medical record department and prepare them for future use. Data on the quality of clinical care must be abstracted from the records and compiled through manual or electronic data processing systems for use by hospital directors, public health officials, and others.
5. Classify records for future research use.

The curriculum in medical record administration consists of a twelve-month didactic and clinical experience at the Medical Center. Students seeking admission to the school must first successfully complete three years of undergraduate study in liberal arts. The course of instruction offered at the Medical Center includes: health care statistics, standardized systems of disease nomenclature and numerical coding, the vocabulary of medicine, manual and automated procedures for processing medical information, medical care appraisal methodology, and the organizational and managerial techniques required to develop and administer a properly functioning medical record department. Course work is integrated with laboratory and directed practice experiences in medical record departments of the University of Illinois Hospital and affiliated hospitals throughout the greater metropolitan Chicago area.

The curriculum in medical record administration is jointly accredited by the Council on Medical Education of the American Medical Association and the American Medical Record Association. Students successfully completing the course of study receive a Bachelor of Science in Medical Record Administration degree and are eligible for registration as medical record administrators.

CURRICULUM IN MEDICAL LABORATORY SCIENCES

Associate Professors: A. J. Maturen (Director of Curriculum), R. M. French, K. R. Hammer

Assistant Professors: B. J. Fiorella, R. I. Heinemann

Instructors: H. Cohn, M. T. Johnson, S. M. Remafedi, L. C. Schumacher

Like medicine itself, clinical laboratory science consists of an increasingly varied spectrum of specialties. Each specialty uses the general physical, biological, and basic medical sciences in its focus on a particular area.

The present curriculum is structured to prepare the generalist (the medical technologist) to perform a wide variety of tests which provide the physician with quantitative and qualitative data which aid him in the decision making process involved in the diagnosis and treatment of his patients. These data are important in identifying the cause of disease, its severity, and determining the course and effectiveness of the treatment program.

The medical technologist applies knowledge and skills in the biological and physical sciences in performing tests which require a foundation of knowledge in biology, chemistry, physics, and mathematics leading to expertise in microbiology, hematology, clinical chemistry, immunology, and immunohematology. Depending upon the size and organization of the laboratory setting, and on the personal interests of the technologist, he may participate in work in all of these areas or may choose to specialize in one particular area in either service or research laboratories. Examples of such specialty options include: nuclear medicine technology, involving the conduct of tests with radionuclides; cytotechnology, involving tests on the cellular elements of the body; and detecting changes produced by malignancy, inflammation, and hormones, as well as chromosomal studies.

With the continual growth and development of clinical laboratory medicine, it is essential that a thorough understanding of the biological and physical sciences as applied to service be acquired if the goals of excellence in patient care are to be achieved. It is upon this professional basis that the program in medical technology is built. In addition, the requirements in liberal arts are intended to maintain within each student a balanced approach to education for life.

Applicants seeking matriculation to the School of Associated Medical Sciences must present evidence of completion of the preprofessional course work (general and organic chemistry, quantitative analysis, microbiology, mathematics, physics, and liberal arts and science courses including rhetoric, social sciences, and the humanities). The professional course offered by the curriculum begins in June and requires twelve calendar months for completion.

The present curriculum is accredited jointly by the Council on Medical Education of the American Medical Association, the American Society for Medical Technology, and the American Society of Clinical Pathologists. Graduates of this curriculum receive a Bachelor of Science degree in Medical Laboratory Sciences and are eligible for certification by the Board of Registry of the American Society of Clinical Pathologists.

CURRICULUM IN OCCUPATIONAL THERAPY

Associate Professors: B. Loomis (Director of Curriculum), B. D. Wade (Emerita)

Assistant Professors: R. Cahill, M. V. Dunn, M. J. Madigan, R. J. McCauley, L. H. Parent, P. A. Tiernan

Lecturer: S. L. Zurchauer

Instructors: M. L. Allard, E. E. Erich, S. E. Esenther, J. Fleming, M. E. Gentile, R. Hadra, S. B. Jacobson, S. N. Moegle, V. E. Niles, K. L. Overly, B. L. I. Raetzman, M. M. Savino, M. M. Skillman, R. A. Watkins, B. J. Zeller

Occupational therapy utilizes directed activity and special skills as treatment. It assists the patient whose normal growth and development have been interrupted by disease, injury, or environmental problems to regain physical function and emotional and social adjustment. Working under the direction of the physician, the occupational therapist contributes to the evaluation of the patient's needs, formulates and implements definitive treatment plans, and records patient progress. He correlates his program of treatment with that of other associated health services.

An increasing emphasis is placed today on this profession's contribution to prevention of physical and psychological ills through health programs outside the traditional hospital setting. Prospective students should possess an academic interest in the medical social sciences and a willingness to develop skills in creative and manual activities. The occupational therapist must be patient, persistent, and possess good judgment, as well as being emotionally mature, adaptable, and skillful in personal relationships.

The total course of study includes six semesters of instruction in the College of Liberal Arts and Sciences at the Urbana-Champaign campus, and sixteen consecutive calendar months at the Medical Center campus. The University accepts credits in basic cultural subjects and social sciences earned in other colleges by transfer applicants, thus making possible a shorter period of instruction on the Urbana-Champaign campus. In a few instances, students have been able to register at other universities in all the courses required for admission to that portion of the curriculum offered on the Medical Center campus.

Prerequisites for acceptance into the professional sequence at the Medical Center include studies in basic cultural courses, behavioral and physical sciences, and biological studies including anatomy, physiology, kinesiology, and psychology. In addition, he registers in courses through which he acquires some skill in activities media, basic concepts of treatment in occupational therapy, and an introduction to community health problems. Through these studies and participation in ILLISOTA (the Illinois Student Occupational Therapy Association), the student acquires initial, basic professional knowledge which forms the founda-

tion of continued study following matriculation to the School of Associated Medical Sciences at the Medical Center.

The curriculum in occupational therapy is jointly accredited by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association. Students successfully completing this educational program receive a Bachelor of Science degree in Occupational Therapy and qualify as applicants for admission to the Registry of the American Occupational Therapy Association.

CURRICULUM IN PHYSICAL THERAPY

Associate Professor: G. M. Brawley (Director of Curriculum)

Assistant Professors: D. A. Banaitis, S. J. Benzies, H. G. Knecht

Instructor: J. A. T. Rocks

Physical therapy is one of the recognized health professions which deal directly with the patient, his problems, and his limitations. As a profession, it is heavily dependent upon the knowledge and application of the basic medical and health sciences and the behavioral sciences, coupled with knowledge and skill in the clinical sciences and arts.

The physical therapist will generally function in one of four different capacities as:

1. staff, supervisory, or self-employed, providing direct services of a therapeutic nature to patients;
2. administrators of programs in educational institutions, clinical departments, or health agencies;
3. consultants to health care agencies; and
4. educators in clinical and academic settings.

Upon diagnosis and referral by a qualified physician or dentist, the physical therapist will use various physical agents — heat, light, electricity, sound, water, massage, exercise, evaluation techniques, and assistive devices — in an effort to achieve the objectives of the treatment program. The goal of the physical therapist is the prevention of disability, maximum restoration and rehabilitation, and a return of the patient to a useful place in society. Thus, in cooperation with other members of the health professions, the physical therapist functions to assist the patient and society.

To qualify for admission to the professional course of study offered by the School of Associated Medical Sciences applicants must successfully complete sixty semester (ninety quarter) hours of acceptable studies in an accredited educational institution. Preprofessional studies should include the biological sciences, physical and social sciences, the humanities, rhetoric/communications,

mathematics, and physical education. Instruction in basic movement or body mechanics is highly recommended.

Students who enroll in the curriculum at the Medical Center enter into a two-year professional phase of instruction which integrates didactic classroom education with experience in clinical facilities throughout the greater metropolitan Chicago area. Instruction at the Medical Center include the basic medical/health sciences, clinical medicine and surgery, physical therapy principles and practices and clinical arts, and studies of people and the community. The clinical instructional sequence provides a supervised and continuous learning experience in an actual practice setting.

The curriculum in physical therapy is accredited by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association. Students who successfully complete the educational program are awarded a Bachelor of Science degree in Physical Therapy and are eligible to apply for licensing examinations as physical therapists in Illinois and other states.

Office of the Director
901 South Wolcott Avenue
Chicago, Illinois 60612
(312) 996-3590

CENTER FOR EDUCATIONAL DEVELOPMENT

Professors: G. E. Miller (Director of Center), H. G. Grobman, C. M. Masserman

Associate Professors: C. R. Brown, Jr., J. D. Clemmons, W. F. Elwood, H. G. Getz, D. F. Pochyly, A. G. Rezler, L. S. Stein, T. V. Telder, T. F. Zimmerman

Assistant Professors: J. M. Alberti, P. G. Bashook, E. S. Berner, J. A. Bobula, K. J. Connell, A. J. Diekema, D. L. Ford, T. E. Gamble, R. I. Heinemann, C. E. Johns, J. W. Lackmann, R. Michaels, R. L. Myers, C. J. Olson, S. A. Perlmutter, D. R. Pukala, T. H. Quinlan, A. W. Sajid, R. L. Sheverbush, Jr., W. E. Sorlie

Associates: M. M. K. Hoffman, L. M. Solomon

Instructors: T. J. Bligh, E. M. Bughman, G. G. Drennon, P. L. Edgert, R. P. Foley, R. P. Grimes, J. L. Haynes, W. D. Hendrickson, I. C. Martin, J. F. Monahan, R. L. Nerenberg, M. Noe, L. J. Nord, A. J. Thomas

In 1959 the College of Medicine established the Office of Research in Medical Education to lend direction and professional support to a carefully planned and all-inclusive study of the college educational program. This intramural effort was expanded in 1964 to include the Center for the Study of Medical Education, in which educational research and development programs that went beyond the college could be organized. In 1970 these functions were consolidated in the Center for Educational Development, which has become a key resource in the refashioning of medical education that has accompanied college reorganization and expansion.

Throughout this period particular attention has been given to the study of curricular organization, to the design and study of educational systems, including sophisticated instructional technology, and to the creation or refinement of methods for evaluating student achievement and program effectiveness. Faculty assistance in the production of instructional materials is provided by the Learning Resources Development Center which includes a skills laboratory. In this facility, learning aids such as heart sound, pelvic, and eye simulators, computer-aided simulations of the patient examination, as well as videotape, soundslide, and other recorded programs enable students to develop and evaluate basic physical examination skills. The initial focus was the medical school course of instruction, but research and development programs have now expanded to include internship and residency as well as continuing education for health practitioners. Training opportunities are also provided. Those seeking special

preparation for a career in medical education may select either a research fellowship or a graduate program, offered jointly with the College of Education, leading to a Master of Education (in medicine) degree. Medical faculty members who wish a more abbreviated introduction to the field may enroll in intensive courses which are offered periodically. Elective and alternate programs for medical students can be arranged.

The Center for Educational Development also organizes international educational research development and teacher training programs in its role as a collaborating institute of the World Health Organization.

AREA HEALTH EDUCATION SYSTEM

Central Administration: T. F. Zimmerman (Project Director), James N. Haug (Associate Director), E. Fred Fischer (Project Economist)

Regional Coordinators: Jean C. Aldag, Region 1-B (Peoria), Paul R. Francis, Region 2 (MGH-Chicago), Marshall McLeod, Region 1-A (Rockford), Richard J. Schimmel, Region 3-B (Urbana-Champaign)

The Area Health Education Center contract awarded to the University of Illinois College of Medicine provides the mechanism for continued regionalization of educational programs for the health professions. It is upon the innovative regionalized foundation of undergraduate medical education that this effort builds. The Area Health Education System proposes to fill in the spectrum of regionally operated educational activities to include graduate medical education emphasizing support for family practice residency programs, develop an integrated allied health education system, and establish nursing education programs at both the baccalaureate and graduate level at sites within the northern half of Illinois. It is anticipated that dentistry and pharmacy may be included in the future. With the regional schools of medicine serving as "host" for these further educational excursions into the regions of Illinois, unique opportunities for interdisciplinary education are being realized in dynamic community settings.

The theme of the AHES is regionalization, the principle is collaboration, and the goal is a system of institutional interrelationships which can take maximal advantage of the efficiency and effectiveness of each participating institution in the education of health professions. A major portion of these activities is being devoted to development of an operational allied health education institutional network. The leadership potential of the University, the potential of the community junior colleges in Illinois, and the substantial education resources of senior level educational institutions can "blend" in a concerted effort, with those of community clinical facilities, in providing a realistic and mutually beneficial educational experience to health profession students. Goals include: development of community-wide, jointly maintained curricula; development of program linkages between associate and baccalaureate degree program levels; and continued development to assure the quality of the educational programs, particularly that segment offered in the community clinical facility.

Another facet of the AHES allied health education component focuses on the need to provide career mobility and professional enhancement to existing allied health manpower. Through the School of Associated Medi-

cal Sciences of the College of Medicine, the AHES will support the development of an advanced placement program for health professionals. A correlary activity, conducted by staff of the college's Center for Educational Development, will provide for the development of an equivalency/proficiency program over a four-year period beginning in the fall of 1973. The School of Associated Medical Sciences will also, through AHES, be able to step up its involvement in the sponsorship and conduct of continuing education workshops for health professionals.

A similar outreach into the regional areas of the state is being mobilized by the College of Nursing through the AHES project. In the regions served by the Peoria and Rockford Schools of Medicine, the College of Medicine will work cooperatively with community-based educational institutions and clinical facilities toward the establishment of graduate level Master's degree programs. These programs will allow qualified community nurses to upgrade their professional skills and personal knowledge while remaining within their home communities. The initiation of graduate level experiences within the community setting has several goals: (1) to enhance the viability of the community as a center for health professions education; (2) to increase the probability that the community will be able to retain program graduates within this setting; and (3) to significantly upgrade the quality of care available to residents of the community.

The College of Nursing has held a leadership role in the development of a health professions equivalency testing unit. Batteries of examinations designated by the college over the past several years will be employed by the college in mounting an advanced placement program on the Urbana-Champaign campus. This project component will be capable of accepting associate degree and diploma registered nurses into the fourth year of a baccalaureate degree program. Thus, qualified R.N.s will be able to upgrade their professional skills, personal knowledge, and their worth to the community in a relatively short period of time and without leaving their community area.

In the area of graduate medical education, the AHES will augment already substantial College of Medicine activities in support of family medicine. The AHES will allow for substantial increases in family practice residency programs offered by the Peoria School of Medicine, the Rockford School of Medicine, and through the Metropolitan Group of Hospitals in the Chicago area. At the same time, the AHES provides for a step-up in planning to implement family practice residencies in the Urbana-Champaign area.

The magnitude of the undertaking evident in the AHES project is substantial: it encompasses the broad spectrum of the health professions, a multitude of educational institutions of varying types both within and without the University of Illinois structure, and the complexion, economics, and interests of four totally distinct geographic regions within the state of Illinois. In this undertaking, the University of Illinois seeks to serve as a catalyst in facilitating the creation of a comprehensive arena for the planning of health education experiences in an effective and orderly fashion. The product of this effort will be a "system" which will: (1) place many of the communities in close proximity to the services of a wide range of qualified health manpower; (2) provide a working network of educational opportunities, based within the community itself, which will encourage intra- and interprofessional mobility and contribute to the community's potential to retain health manpower; and (3) sharpen the relevance of education by embedding it in the community, and by exposing the community to active participation in the educational process.

LIBRARY OF THE HEALTH SCIENCES

University Librarian: I. H. Pizer

Professors: M. J. Campbell, C. L. Meckel (Emeritus), I. H. Pizer, W. Troxel (Emeritus)

Associate Professors: L. A. Cibogh, L. G. Hirschfeld, C. Z. Hughes, B. P. Millar, M. Notheisen, J. H. Parrish, E. P. Rich

Assistant Professors: B. E. Allen, D. M. McDonald, S. C. Poh, J. N. Theall, A. C. Treimanis, S. Warren, B. J. Yocom

Instructors: M. M. Bates (Emeritus), M. Coleman, P. S. Coppernoll, C. Frank, E. A. Frederick, H. Gottesmann, S. Lee, L. F. Mueller, L. M. Tillman, F. O. Weise, J. K. Yun

The Library of the Health Sciences serves the faculty, students, and staff of the Colleges of Dentistry, Medicine, Nursing, and Pharmacy, the Schools of Public Health and Associated Medical Sciences, the Graduate College, the University of Illinois Hospital, and the thirty-one affiliated hospitals in the College of Medicine program in Chicago, Peoria, Rockford, and Urbana. Its collection is a comprehensive one, including materials in all of the subject fields of interest in the teaching, research, and clinical programs of the units which it serves. Over 3,200 current periodicals are received and more than 250,000 books, bound periodical volumes, and audiovisual items are available. The library is a member of the SUNY Biomedical Communication Network, the MEDLINE Network, and the TOXLINE Network, all on-line computer information retrieval systems for searching 2,000 international health science journals. The library's facilities are available for reference use and a trained professional staff is on hand to assist the reader. Most library materials circulate for use outside the reading rooms. Photocopy service is available.

The library is one of the designated resource libraries under the program of the Midwest Regional Medical Library. A number of publications are issued, among them are a monthly newsletter containing lists of current acquisitions and an annual union list of serials showing holdings and location for current and noncurrent titles. Included in this list are holdings for the branch libraries in Peoria, Rockford, and Urbana and twenty-eight of the affiliated hospitals. A new building was constructed in 1972/73 and opened in the fall of 1973.

The library acts as the resource library for its branches at the Peoria and Rockford Schools of Medicine, the School of Basic Medical Sciences at Urbana-Champaign, and the Metropolitan Chicago Group of University of Illinois Affiliated Hospitals. In 1971 the Winnebago County Medical

Society donated its collection to serve as the nucleus of the library for the Rockford School of Medicine, and new facilities for the library are expected to be ready in 1974. In 1973, the Board of Trustees of the University officially designated the Rockford Library as the Woodruff L. Crawford Branch of the Library of the Health Sciences, in recognition of Dr. Crawford's major contribution to the founding of the library and the joint community effort which culminated in the founding of the Rockford School of Medicine. The Peoria School of Medicine Library moved into newly remodeled quarters in March 1972, and these were expanded early in 1973. These libraries are expected to house approximately 30,000 volumes each in the next five years and contain basic collections of clinical journals and recent monographs. The Urbana branch also moved into new facilities in 1972 and a new library is under construction to house the collection which will eventually number some 11,000 volumes, plus a strong multimedia collection. All normal library services are offered and materials located in Chicago are usually available within forty-eight hours. Each of the branch libraries in Peoria, Rockford, and Urbana is a designated MEDLINE station, offering on-line computer searching of the medical literature. Trained search analysts are available to assist users in formulating their queries.

The Library of the Health Sciences is augmented by the collections of the University of Illinois at Chicago Circle and users of the Medical Center Library may also use that library. Scheduled shuttle buses connect the two campuses to provide easy access for students, faculty, and staff. Users may also apply for an Illinois State universities borrowing card which enables a reader to use any of the Illinois State university libraries. Also available is an Infopass card which opens many special libraries in the Chicago area for use by students.

MEDICAL CENTER CAMPUS MUSEUMS

Pathology Museum. The Department of Pathology maintains a museum which is designed to be a self-contained visual teaching aid. It is located immediately adjacent to the pathology laboratories and occupies a floor space of 1,232 square feet. Seventy 40-by-30-inch display boards accommodate a series of temporary exhibits. These exhibits correlate with the material currently covered in the laboratories and lectures. The exhibits include gross pathology, microscopic pathology, and clinical data. A wide variety of techniques are used in the preparation and pre-

sentation of the pathologic material, including color photographs, preserved wet tissues mounted in plastic containers, plastic-embedded specimens, plastic casts of actual gross lesions, corrosion specimens, x-rays, and cinematography. Pathology is presented not only from the standpoint of the individual lesion, but also from the standpoint of disease concepts including etiology and pathogenesis. In addition to routine duties, the museum staff conducts research in museum methodology.

Anatomy Museum. The Department of Anatomy maintains a collection of anatomical dissections, models, and other visual aids to assist students in understanding the development and the relationships of the structure of the human body.

GRADUATE COLLEGE

The Graduate College of the University of Illinois Medical Center campus offers more formal graduate courses and degree programs on its campus than can be found on any other campus of its type. More than 2,000 degrees have been awarded since the programs were organized in 1922. The principal functions of the Graduate College involve preparing students for responsible teaching positions in colleges of dentistry, medicine, nursing, and pharmacy as well as providing specialized training and research experience to students in the broad area of the health sciences. Students can obtain Master of Science and Doctor of Philosophy degrees in anatomy, biological chemistry, microbiology, pathology, medicinal chemistry, pharmacognosy, pharmacology, pharmacy, and physiology; Master of Science degrees are offered also in certain applied biomedical sciences. Offices of the Graduate College are located in the Administrative Office Building at 1737 West Polk Street, Chicago.

Facilities and Services

The Research Resources Center, an arm of the Graduate College, supports research and graduate education. It has eight sections:

1. The Biologic Resources Laboratory is one of the largest and best equipped animal research facilities in the nation. The laboratory has fifty-two small animal and thirty large animal rooms, as well as diagnostic and therapeutic x-ray and whole body cobalt irradiation rooms. The modern surgical facility can accommodate fifteen operations simultaneously.

2. The Computer Center contains an IBM 370/155 Processing Unit with a million bytes of core and peripherals including disks, tapes, x-y plotter, printer, IBM 1800 analog-digital computer, and two Tempo minicomputers to handle teleprocessing. The system is oriented to both batch and teleprocessing modes of operation supporting approximately seventy-five interactive video and hard copy remote terminals. The system contains user-oriented conversational interreactive languages including educational programs in the health sciences and is connected to users on a national scale through TYMSHARE. The system supports software packages for a variety of complex statistical methods as well as routine operational procedures.

3. The Electron Microscope Laboratory contains seven electron microscopes and maintains educational and service programs which are available to investigators at the Medical Center.

4. The Bioinstrumentation Laboratory provides electronic instrument design, construction, and service in addition to maintenance and repair activities for electronic equipment at the Medical Center.

5. The Environmental Stress Laboratory consists of altitude chambers and rooms with a wide variety of temperature, humidity, and pressure control.

6. The Nuclear Magnetic Resonance Laboratory maintains a computerized high-field (90 MHz), high-resolution NMR spectrometer and ancillary equipment for the purpose of determining molecular structures and molecular interactions in materials of biomedical importance.

7. The Instrument Shop Division maintains equipment for construction of special apparatus, primarily for use in research, particularly if such equipment is not available on the commercial market.

8. The Central Equipment Division is being planned as a supply and repair depot for research equipment, in order to maintain an extensive inventory of such material on campus. It will serve to maximize the usefulness and usability of equipment at the lowest cost to scientific investigators.

DIVISION OF SERVICES FOR CRIPPLED CHILDREN

An administrative unit of the University of Illinois at the Medical Center, the division operates a statewide program of medical, surgical, and other habilitative services for children who are afflicted with any of a wide variety of handicapping conditions. It is Illinois's official crippled

children medical care agency. Facilities for diagnosis, hospitalization, and follow-up care are provided, utilizing various resources throughout the state, including the University of Illinois Hospital. The division conducts 300 general and special clinics in forty communities staffed by pediatric, orthopaedic, speech and hearing, social service, and public health nursing consultants. Teaching and research relationships within the Medical Center are maintained through the hospital's Center for Handicapped Children, the Center for Craniofacial Anomalies, and related programs. Liaison is maintained with the Maternal and Child Health Services Bureau of the Department of Health, Education, and Welfare and other Illinois official public agencies.

LECTURESHIPS

Bacon Lectureship. In 1927, when Dr. Charles S. Bacon became professor of obstetrics, emeritus, members of the faculty and friends of Dr. Bacon contributed the sum of $5,000 to found the Charles S. Bacon Lectureship in Obstetrics. The income from this fund is used to defray expenses of lectures given each year at the Medical Center campus.

Davis Lectureship. The inauguration of the D. J. Davis Lectureship on Medical History was held on October 15, 1943. These lectures are maintained by interest on the funds subscribed by friends and associates of Dr. Davis who served the University for thirty years as professor of pathology and dean of the College of Medicine.

Dowling Lectureship Award. Established in 1971 in honor of Dr. Harry F. Dowling, Professor and Head of the Department of Medicine from 1951-69. The Harry F. Dowling Lectureship Award is given annually for outstanding contributions in infectious diseases, pharmacology, and social aspects of illness. Funds to support the award were donated by faculty and friends of Dr. Dowling.

Gehrmann Lectureship. In 1924, in accordance with the will of Mrs. Albertina Gehrmann, widow of Dr. Adolph Gehrmann, who was for many years professor of bacteriology and hygiene in the College of Medicine, the sum of $10,000 was given for the support of an annual lectureship in memory of Dr. Gehrmann.

STUDENT LIFE AT THE MEDICAL CENTER

Information about student life at the Peoria, Rockford, and Urbana-Champaign schools is included in the section for each of those schools.

Chicago Illini Union

The Chicago Illini Union serves an important role on the Medical Center campus and in the larger health care community as a center for the out-of-classroom lives of students, faculty, staff, alumni, and guests of the Medical Center campus. Located adjacent to the residence halls, the Union includes: a music and an art lounge plus a spacious main lounge with TV viewing; food service — a cafeteria, vending snack bar, and the Centennial Room (a buffet dining room); the Chicago Rooms (a large multipurpose room); excellent conference space with catering service available; a student activities center; the University Bookstore; and recreational facilities including a billiard room, game room, and bowling lanes. In addition, a barbershop and travel agency are located in the Union.

The Union Program

The Chicago Illini Union Directorate (CIUD) is a student program board with responsibility for the development and sponsorship of cultural, social, and recreational programs on campus. Through its membership, the directorate plans and coordinates activities in each of these areas for the students, faculty, and staff of the Medical Center. The basic activity areas of the directorate include: art, films, indoor recreation, music, off-campus events, organic University, outdoor recreation, outings, performing arts, publicity, social events, speakers, special events, and videotapes.

Housing

The University offers comfortable and convenient living quarters on the campus at reasonable rates in its Student Residence Hall, Women's Residence Hall, and Staff Apartment Building. Faculty, nonacademic staff, residents, and interns who are employed by the University at least on a half-time basis are given priority in the assignment of apartments, but married students, graduate students, and others are also eligible on a space-available basis. If a married student's wife or husband is employed by the University at least on a half-time basis, the couple is eligible for employee priority on the waiting list. Assignments to the residence halls are based on the date of application and on policies established by the University Committee on Housing.

The Student Residence Hall accommodates 412 men and women on separate floors. Facilities include a central shower and washroom on each floor, laundry and pressing rooms, recreation room, a lounge-television room, baggage storage area, automatic elevators, and a private telephone in each room.

The Women's Residence Hall is an air-conditioned building housing 177 men and women offering facilities similar to those of the Student Residence Hall. In addition, the Women's Residence Hall features a study lounge on each floor, contemporary furnishings, and a landscaped courtyard.

Meals are served in the Student Residence Hall Dining Room and the cafeteria in the Chicago Illini Union. Meal service is part of the total residence hall contract. Both residence halls are interconnected with the Chicago Illini Union, giving residents ready access to the many lounges, meeting rooms, programs, recreational facilities, and other services provided by the Union.

A staff of resident advisers is available to assist residents with personal problems and to see that a proper environment is maintained for study and living conditions. A student government organization promotes and maintains an effective program of self-government and social-recreational activities.

Residence hall contracts are issued for the entire academic year. Payment may be made in full at the beginning of the academic year, quarterly, or by monthly installments. For housing information and applications, contact the Housing Office, University of Illinois at the Medical Center, 818 South Wolcott Avenue, Chicago, Illinois 60612. (312) 996-7020.

Recreational Facilities

The gymnasium, weight lifting room, equipment room, and locker room, as well as the departmental office, are located on the fourth floor of the Old Union Building, 715 South Wood Street.

Recreation facilities on the nearby Chicago Circle campus are available to students who hold valid identification cards. The Chicago Circle Center offers: swimming, table tennis, bowling, billiards, handball, weight lifting, golf and archery ranges, a dance studio, and a rifle range. There are use fees and charges for these facilities. The Physical Education Building on the Circle campus offers: swimming, handball, squash, weight lifting, and gymnasium facilities. There are no special fees or charges for these facilities.

Recreational facilities are also available in the Duncan YMCA, 1515

West Monroe Street. Included are: swimming, gymnasium, jogging track, an extensive weight lifting room, handball and squash courts. A special membership fee of $15 per year is available to Medical Center students. Contact the Duncan YMCA, (312) 421-7800, for additional information.

Campus Parking Department

Parking applications, lot assignments, fees, and related procedures are administered by the Campus Parking Office located in Room 208, Chicago Illini Union.

General Counseling

Counseling Service. The Counseling Service has been established in the Office of Student Affairs to aid graduate and professional students who encounter personal, psychological, academic, or vocational difficulties. These services are available to students and their families without charge.

The Counseling Service is staffed by full-time counseling and clinical psychologists who have had experience in university counseling centers. In all cases, interviews are kept in the strictest confidence; only on the client's specific request will any information whatsoever about his contact with the Counseling Service be released to anyone. The paramount responsibility of the Counseling Service is serving clients; therefore, it serves no regulatory, disciplinary, or security functions.

Foreign Students. In the Office of Student Affairs, foreign faculty and staff will find a foreign student adviser to help with visas, passports and the myriad details involved in settling in the Chicago area. Students and staff from abroad are asked to register with this office upon arriving. You will find answers to questions that puzzle many foreign visitors.

Selective Service. The Office of Student Affairs has put together pertinent information regarding military service and possible alternatives. This information is combined in a folder in the reception area of the office; interested students should look over the available materials on the draft and refer questions to staff members. Highlighted are Berry Plan materials and selective service regulations.

ORGANIZATIONS

Student Organizations

An organization, to obtain University recognition, must comply with certain established rules and regulations. Descriptive material concern-

ing the various student organizations may be found in the *Student Handbook.*

All recognized student organizations are under the supervision of the Office of Student Affairs. Each organization must have a faculty adviser. Detailed information may be obtained at the Office of Student Affairs.

The following is a partial listing of recognized student organizations:

Executive Student Council
Medical Student Council
American Medical Women's Association
Newman Club
Student American Medical Association
Student Health Association
Alpha Kappa Kappa
Alpha Omega Alpha
Nu Sigma Nu

Alpha Omega Alpha. This international scholastic honorary medical society was founded at the University of Illinois College of Medicine in 1902. Members are elected on a college-wide basis during the clinical years of training on the basis of scholarship, personal honesty, and potential leadership.

Sigma Xi. In 1928 the Society of Sigma Xi granted a charter for the organization of a chapter of this society at the College of Medicine. Its object is the promotion of research.

Executive Student Council. The primary student governing board is the Executive Student Council. It is made up of elected students representing the students of all colleges on campus. Its purpose is to promote the general welfare of all students, to coordinate the programs of the student councils, and to act as the liaison organization between the student governmental groups and the Chicago Illini Union Board.

Medical Student Council. The Medical Student Council prepares programs and activities on a college-wide basis. Money to support these activities comes from student fees. Conference and work areas are set aside for council use in the Office of Student Affairs. The election of council members normally occurs during the spring quarter for the following academic year. Students interested in council activities can reach the president by phoning or leaving a message in the mail box in the Office of Student Affairs.

Alumni Association

The Alumni Association of the College of Medicine, while an integral part of the Alumni Association of the University of Illinois, has its own elected council and officers. Council meetings are held at regular intervals, and a one-day scientific meeting including a banquet is sponsored each year. An activity of the Alumni Association for which the college is particularly grateful is its annual sponsorship of a luncheon for incoming freshmen at Chicago and Urbana during orientation week.

The association is aided in its work by the services of the director, Mrs. Dorothy DiIorio, whom the medical alumni share with the alumni associations of the other colleges at the Medical Center.

Officers of the Association are:

President: Ross N. Hutchison, M.D., '52, 126 East Ninth Street, Gibson City, Illinois 60936

President-elect: William D. Cox, M.D., '61, 1611 National Avenue, Rockford, Illinois 61101

First Vice-President: William H. Marshall, M.D., '53, Glendale Plaza Medical Building, 414 St. Mark Court, Peoria, Illinois 61603

Second Vice-President: Theodore R. Sherrod, M.D., Ph.D., '49, 901 South Wolcott Street, Chicago, Illinois 60612

Secretary-Treasurer: Louise J. Riff, M.D., '64, Department of Medicine, 840 South Wood Street, Chicago, Illinois 60612

Other council members are:

1971-74

Truman O. Anderson, M.D., Ph.D., '60, 1853 West Polk Street, Chicago, Illinois 60612

W. Francis Jacobs, M.D., '33, 6525 West North Avenue, Oak Park, Illinois 60302

Kenneth F. Kessel, M.D., '58, MacNeal Memorial Hospital, 3249 Oak Park Avenue, Berwyn, Illinois 60402

James W. Kopriva, M.D., '43, 475 Winsor Drive, Antioch, Illinois 60002

1972-75

Helen R. Beiser, M.D., '41, 180 North Michigan, Chicago, Illinois 60601

Armand Littman, M.D., '43, Veterans Administration Hospital, Hines, Illinois 60141

Glen E. Tomlinson, M.D., '60, Professor and Head, Department of

Family Practice, University of Illinois College of Medicine, 1853 West Polk Street, Chicago, Illinois 60612

1973-76

Erwin Kammerling, M.D., '43, 4640 North Marine Drive, Chicago, Illinois 60640

Erwin M. Patlak, M.D., '52, 1141 Church, Northbrook, Illinois 60062

Ralph Ruthenberg, M.D., '49, 1430 North Arlington Heights Road, Arlington Heights, Illinois 60004

Immediate Past President: William R. Best, M.D., '47, 367 Blythe Road, Riverside, Illinois 60546

Ex officio: Daniel K. Bloomfield, M.D., Dean, School of Basic Medical Sciences at Urbana-Champaign, 1205 West California, Urbana, Illinois 61801

Nicholas J. Cotsonas, Jr., M.D., Dean, Peoria School of Medicine, 1400 West Main Street, Peoria, Illinois 61606

Robert L. Evans, M.D., Dean, Rockford School of Medicine, 1601 Parkview Avenue, Rockford, Illinois 61101

William J. Grove, M.D., Executive Dean, University of Illinois College of Medicine, 1853 West Polk Street, Chicago, Illinois 60612

Melvin Sabshin, M.D., Acting Dean, The Abraham Lincoln School of Medicine, 1853 West Polk Street, Chicago, Illinois 60612

Student Representatives: Mr. Dean F. Carr, 703 Oakdale, Chicago, Illinois 60614

Mr. James R. DeBord, 23 Bergmann Court, #14, Forest Park, Illinois 60130

Ms. Laura Goodrich, 329½ London Avenue, Rockford, Illinois 61107

Mr. Douglas J. Mathisen, 23 Bergmann Court, Forest Park, Illinois 60130

FINANCIAL AIDS

A number of scholarships, prizes, and loan funds are available to medical students who qualify under the regulations governing the administration of the various aid programs.

Unless specifically stated otherwise, information and applications for all financial aid are available at the Office of Student Affairs, Room 203, Administrative Office Building, Medical Center campus, or from the Dean's Office in Peoria, Rockford, and Urbana-Champaign.

A brief description of each of the scholarships, prizes, and loan funds follows. This list may be incomplete because of new funds. Questions may be directed to the Office of Student Affairs.

SCHOLARSHIPS

Scholarship awards are made by the Committee on Student Awards and Scholarships on the basis of criteria for the particular award. Most scholarships are awarded on the basis of need.

***Herman J. Adelmann Student Aid Fund.** Dr. Adelmann, a 1914 graduate of the College of Medicine, established a sizeable endowment fund by bequest. The income is used to provide for scholarships, fellowships, loans, and medical research at the College of Medicine.

Mary Amanda Anderson Scholarships. Mary Amanda Anderson, an alumna of the University of Illinois, established this scholarship "to assist young women to obtain the advantages of an education." Awards are made in accordance with established procedures of the College of Medicine.

Armed Forces Health Profession Scholarship Program. The Uniformed Services Health Professions Revitalization Act of 1972 (Public Law 92-426) established 5000 scholarships for students in the health services. This number has been divided between the Army, Navy, and Air Force, and will be given to students in medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, and clinical psychology at the Ph.D. level.

Basically, the program known as the Armed Forces Health Professions Scholarship Program is as follows: an eligible student applies to one of the three branches of the Armed Forces of his choice. If selected,

* Indicates a gift made to the University of Illinois Foundation.

he is commissioned a second lieutenant or ensign in the inactive reserve. While in the program, the student receives a stipend of $400 per month, except during an annual 45-day active duty tour for which he will receive approximately $1100. The active duty tour will be performed at a military hospital or medical center, and will be arranged in order not to interrupt the student's academic work. If required by the school, arrangements may be made to permit serving the 45-day active duty on campus. In addition, the service will pay all tuition, mandatory fees, and related academic expenses of the student.

The student incurs an obligation of one year of active commissioned service for each year or fraction of a year of program participation. All participants incur a minimum tour of two years.

For further information concerning the Armed Forces Health Professions Scholarship Program, you may write one of the following:

U.S. Army
Department of the Army
DASG-PTP
Washington, D.C. 20314

U.S. Navy
Bureau of Medicine and Surgery
Navy Department (Code 3174)
Washington, D.C. 20372

U.S. Air Force
ATC/RSOS
Randolph Air Force Base, Texas 78148

Bamberger Scholarship Fund. An endowment fund has been established by the late Dr. Arrie Bamberger, a graduate of the Rush Medical College and long-time faculty member. The income of this fund provides substantial funds, awarded annually by a special committee, to deserving and especially promising students.

Ione Fisher Beem Scholarship. Dr. Ione Fisher Beem, who graduated from the College of Medicine in 1913, bequeathed to the University $10,000 to establish a scholarship fund, the income of which provides a scholarship for a woman medical student.

Berkelhamer Scholarship. A scholarship has been established by the family of Dr. Ralph C. Berkelhamer, graduate of the University of Illinois College of Medicine, who died as a prisoner of war in October 1944. It is awarded annually to a deserving and needy student.

Arthur R. Bloom Scholarship. A scholarship has been established by Arthur R. Bloom, M.D., a 1923 alumnus of the College of Medicine. The income from this endowment is used as a scholarship in accordance with College of Medicine regulations.

Class of 1938 Scholarship. The Class of 1938, at the time of its twenty-fifth reunion, set up a fund to provide an annual scholarship for a medical student to be awarded in accordance with College of Medicine regulations.

***College of Medicine Scholarship.** These funds are provided from donations of faculty and alumni through the University of Illinois Foundation.

Adella Cunningham Scholarship. Adella Cunningham, an alumna of the college, provides this scholarship annually for a woman medical student who is at least twenty-eight years old and dependent on her own funds for her medical training.

Michael A. Desmond Scholarship. Dr. Michael A. Desmond, who graduated from the College of Medicine in 1903, bequeathed a portion of his estate for medical student scholarships.

Ethel M. Dustman Scholarship. A scholarship fund was established by the late Ethel M. Dustman of Burlington, Iowa. The income from this endowment is used as a scholarship for a capable and needy student.

Dr. Adolph Hartung Scholarship. This endowment account has been established by the late Mrs. Clara Hartung in memory of her husband, Dr. Adolph Hartung. The income is used to provide assistance to any undergraduate student who demonstrates need.

Health Professions Scholarship Program. This program was designed to enable talented students from low-income families to undertake the course of study required to become physicians, dentists, osteopaths, optometrists, pharmacists, or podiatrists. The prime consideration is need. The maximum amount a student may receive each year is $3,500. In determining the amount of the scholarship, the school considers the total expenses needed to pursue the chosen course of study and the financial resources available for meeting these expenses. This program may be eliminated by the Federal government. Students should inquire at the Office of Student Affairs for regulations, eligibility, and application forms.

***William J. Heatley Scholarship.** An endowment fund has been established by the late Eveline C. Heatley. The income of this fund is used as a scholarship for a capable and needy student enrolled in the College of Medicine.

***Harvey P. and Ethel C. Hoffman Memorial Fund.** This endowed scholarship for a worthy student enrolled in the College of Medicine was established by the estate of Dr. Harvey P. Hoffman of Buffalo, New York, a 1914 graduate of the college.

Herman J. Jaffe Memorial Foundation Scholarship Fund. An endowment fund has been established by friends of the late Dr. Herman J. Jaffe. The income of this fund is used as an annual scholarship with the stipulation that the student be a scholar enrolled in the College of Medicine and a resident of this state.

The Robert Wood Johnson Foundation. This fund, provided for a four-year period beginning in 1972-73, provides scholarship and loan funds for female and minority group students, as well as those from counties with populations of less than 50,000, who show need.

Medical Center Auxiliary Scholarship. The Medical Center Auxiliary annually donates scholarships for students in the college. Recipients are selected on the basis of scholarship, need, and adaptability.

***David Monash Medical Student Fund.** Scholarship or loan funds in honor of Dr. David Monash.

National Medical Fellowships. Funds are available through the National Medical Fellowships for minority group students. Inquire through the Office of Student Affairs.

Rea Scholarships. The annual income from a fund established in 1899 by the will of Dr. Robert Laughlin Rea is used for four scholarships, awarded by a committee of the faculty, to help pay the tuition fees of needy students in the College of Medicine. First-year students are not eligible.

Daniel F. and Ada L. Rice Medical Scholarship Fund. Funds from this scholarship are awarded on the basis of need.

Theodore B. Sachs Scholarship. In memory of Dr. Theodore B. Sachs, an 1895 graduate of the college, an endowment fund was bequeathed to the college by his widow, Lena Louise Sachs, and is available for deserving and needy students of promise.

***Seitzinger Scholarship.** This scholarship, established by an alumnus, is available every fifth year to a freshman medical student.

Dr. Jerome D. Solomon Scholarship. This scholarship, awarded to a deserving and needy medical student, was established by a gift from the Dr. Jerome D. Solomon Foundation. Dr. Solomon, who graduated from the University of Illinois College of Medicine in 1941, died in New

Guinea during World War II and was posthumously awarded the Legion of Merit.

Streicher Memorial Scholarship. An endowment fund has been established by colleagues and friends of the late Dr. Michael Henry Streicher, who was a member of the Department of Medicine for many years. The income from this fund is used as a scholarship for a capable and needy student enrolled in the College of Medicine. Other things being equal, preference is given to sons or daughters of graduates of the University of Illinois College of Medicine. After the award is made, if circumstances warrant, the award is reassigned annually as long as the student is enrolled as an undergraduate in the College of Medicine.

***John H. and Lillian M. Whitten Scholarship.** An endowment fund has been established by the late Dr. John H. and Lillian M. Whitten. The income of this fund is used as a scholarship for a capable and needy student enrolled in the College of Medicine.

Yarros Scholarship. This fund was established by Victor S. Yarros to continue the scholarship program begun in 1948 in memory of his wife, Dr. Rachelle S. Yarros, formerly professor of social hygiene at the University of Illinois College of Medicine. Scholarship awards in varying amounts are available to deserving and needy students enrolled in the College of Medicine.

Other Scholarships. In addition to the scholarships listed above, funds are received annually from a variety of sources to provide financial assistance to medical students. Contact the Office of Student Affairs for further information.

Other Governmental Scholarships

General Assembly Scholarships. Each member of the General Assembly may nominate, annually, one student from his district for a scholarship to the University. Provision is made for substitute appointments in case the original nominee fails to qualify or discontinues his course. This scholarship exempts the holder from the payment of the tuition fees only in any course in the University for a period of four years. Application should be made to your state representative or senator.

Military Scholarships. Any person who served in the Army, Navy, Air Force, or Marine Corps of the United States during World War I, or at any time after September 16, 1940, and who has been honorably discharged, is entitled to a scholarship to the University of Illinois if he possesses the necessary entrance requirements and if he was a resident

of the state of Illinois or a student in the University of Illinois at the time of his enlistment. This scholarship exempts the holder from the tuition fees in any course in the University for four years. Applications for these scholarships may be procured from the Office of Student Affairs.

PRIZES AND AWARDS

Students are selected for these special prizes and awards by the Committee on Student Awards and Scholarships. In many cases, recommendations are made by a department. Announcements of competitive prizes are made annually.

Beaumont Memorial Prize. The late Dr. Frank Smithies, of Chicago, endowed a prize in memory of William Beaumont, the famed surgeon of the nineteenth century. The prize is awarded by a committee to the student or faculty member of the College of Medicine who submits the best original work on diseases of the alimentary tract.

Granville A. Bennett Award. This award was established by the student body of the College of Medicine in 1968 in the name of Dr. Granville A. Bennett, professor of pathology, who served with distinction as dean of the college from 1954 through 1967. An award of a scroll and medallion is given to a senior who has made significant contributions to medical education.

Warren H. Cole Scholarship. The Warren H. Cole Society annually gives a sum of money to the University to be awarded to a student who has performed in an outstanding manner in surgery.

***Leon F. Moldavsky Scholarship.** This scholarship, given in memory of Dr. Moldavsky, a 1938 graduate of the College of Medicine, is available to a regularly enrolled student in the College of Medicine who is in need of financial assistance and who has demonstrated outstanding qualities in course work in physiology.

David Mortimer Olkon Scholarship. This scholarship is awarded annually to two outstanding senior medical students in the Department of Neurology and Neurological Surgery and the Department of Psychiatry, to be selected on the basis of excellence and scholastic standing by the dean of the College of Medicine and the heads of the two departments.

Tom C. Reeves Memorial Award. The Tom C. Reeves Award is presented annually to an outstanding member of the sophomore class.

The award was established in memory of Tom Charles Reeves who died in his sophomore year of medical school. It is meant to recognize those qualities necessary for excellence in the medical profession.

Bertram A. Richardson Scholarship. Dr. Bertram A. Richardson was a 1907 graduate of the College of Medicine who bequeathed a portion of his estate to the college; the income from this endowment provides support for programs of study abroad which are known as the College of Medicine Foreign Fellowship Awards.

Roche Award. The Roche Award of a gold wrist watch and scroll is given annually to an outstanding student who has completed the first two years of medical school.

Otto Saphir Memorial Scholarship. Friends of the late Dr. Otto Saphir, clinical professor of pathology, established this fund to provide a scholarship for a junior student who has shown outstanding interest and excellence in pathology.

Sigma Xi Prize. The Society of Sigma Xi annually awards two prizes for excellence in graduate research. These prizes are available to any students in the College of Medicine or Dentistry who are also registered in the Graduate College. On the basis of the research and its presentation, awards of $300 and $200 are made from funds provided by Mr. and Mrs. Charles E. Fawkes.

Upjohn Award. This award is given to a senior student for excellence in the field of obstetrics and gynecology.

Williamson Memorial Scholarship. Members of the faculty and friends of the late Professor Charles Spencer Williamson, for many years head of the Department of Medicine, have established an endowment fund, the income from which is used as a scholarship for a capable and needy student, either graduate or undergraduate.

Raymond Zbick Memorial Award. This award, established by friends of the late Dr. Raymond Zbick, is given annually to an upper class student for excellence in anesthesiology.

LOAN FUNDS

A number of loan funds, both short- and long-term, have been established in the College of Medicine to assist needy students.

Long-term loans usually bear no interest while the student is in school; following graduation, interest and principal are repaid over vary-

ing periods ranging from one to ten years. The interest rate for most long-term loans is low, ranging from 3 percent to 5 percent. Applications and detailed information may be obtained in the Office of Student Affairs.

Short-term or emergency loans are available to all students and range from $25 to $200. The term of the loan is usually not more than sixty days. There is no interest charge on emergency or short-term loans, and no cosigners are required.

Loan funds currently available are as follows:

American Medical Association Education and Research Foundation Loan Fund. The American Medical Association, in cooperation with the Continental Illinois National Bank and Trust Company of Chicago, has established a sizeable loan fund from which medical students, interns, and residents may borrow from $400 to $1,500 annually. Repayment may be scheduled over a ten-year period after all training is completed. Interest varies slightly from time to time, but generally averages between 7 and 8 percent from the date the loan is made.

Chicago Memorial Hospital Women's Auxiliary Loan Fund. The fund, established in 1955 by a gift from the Women's Auxiliary of the Chicago Memorial Hospital, is for loans to needy and qualified students in the College of Medicine.

Emergency Aid. Emergency loans are made to students in the College of Medicine from a fund established by students and from general University money.

Frank Goodman Loan Fund. A limited number of loans are made from a sum of money given to the University in honor of Dr. Frank Goodman, an alumnus of the University of Illinois College of Medicine. Loans from this fund are administered under the same rules and regulations applied to general University loan funds.

Health Professions Student Loan Program. The special federal loan program is available to medical students. The primary qualification for a loan is need, and parents are required to submit a financial statement.

Terms are very attractive. Qualified students may borrow a maximum of $3,500 per year. Repayment begins one year after graduation at 3 percent interest. Cancellation of these loans is possible. Contact Office of Student Affairs for details.

Illinois Agricultural Association and State Medical Society Loan Fund. The Illinois State Medical Society, through its committee on rural medical service, has a loan fund available for medical students who meet certain requirements.

Illinois Guaranteed Loan Program. This loan program provides a maximum of $2,500 per year at 7 percent simple interest. Students must prove need to have interest payments waived during time in school. Applications are available through the Office of Student Affairs or local banks.

Medical Alumni Association Emergency Loan Fund. A revolving loan fund created by the Medical Alumni Association for short-term loans to medical students.

Medical Student Opportunity Loan Guarantee Plan. This loan guarantee plan is a means of financing a medical education for deserving, financially disadvantaged students. Amounts available depend upon matching funds from the school or National Medical Fellowship. The AMA Education and Research Foundation will guarantee repayment and will pay the interest on the loans during the time the student is attending medical school.

Poncher Foundation Fund. A revolving loan fund created by friends of Dr. Henry George Poncher, former professor and head of the Department of Pediatrics in the College of Medicine, provides loans up to $1,000 with liberal repayment privileges after the period of medical training is completed. Loans are limited to qualified junior or senior premedical students and medical students.

Margaret Ann Schultz Loan Fund. A sum of money given to the University from the estate of Margaret Ann Schultz is set aside specifically for loans to medical students. Loans from this fund are administered under the same rules and regulations applied to general University Loan Funds.

University Long-Term Loan Fund. Long-term loans are limited to $1,000 for any one year and a maximum of $2,500 while a student is attending the University of Illinois College of Medicine. Long-term loans bear interest at the rate of 3 percent starting four months after the date of graduation or withdrawal from the University.

CONTINUING MEDICAL EDUCATION

Continuing education is a primary responsibility of the College of Medicine. This responsibility is fulfilled through programs developed by the schools of the college. The resources of the Center for Educational Development are available to the schools of the college to help in the development of programs.

The College of Medicine believes that the extension of undergraduate and graduate education into community hospitals through its decentralization activities will indirectly serve to provide ongoing education of the health practitioners who become involved in these educational programs. Conferences in special diagnostic, therapeutic, and basic science areas will continue to be offered by each school to fulfill requests or perceived needs.

For further information, contact the office of the dean of the appropriate school:

Rockford School of Medicine, 1601 Parkview Avenue, Rockford 61101
815-987-7221

Peoria School of Medicine, 1400 West Main Street, Peoria 61606
309-674-8477

The Abraham Lincoln School of Medicine, 1853 West Polk Street, Chicago 60612
312-996-7890

School of Basic Medical Sciences at the Medical Center, 1853 West Polk Street, Chicago 60612
312-996-7018

School of Basic Medical Sciences at Urbana-Champaign, 1205 West California Street, Urbana 61801
217-333-9284

School of Associated Medical Sciences, 808 South Wood Street, Chicago 60612
312-996-6695

INTERNATIONAL MEDICAL EDUCATION

Chiang Mai Project: Continuing Programs

During the period from August 1962 to September 1970 the University of Illinois College of Medicine assisted in the development of a medical school in Chiang Mai, Thailand: the Chiang Mai Faculty of Medicine of Chiang Mai University. The program was conducted under the terms of

a contract between the University of Illinois, the government of Thailand, and the Agency for International Development (USAID) of the Department of State of the United States.

As the USAID program drew to a close, efforts have been put forth by both universities to establish a continuing relationship between the University of Illinois and Chiang Mai University. Efforts continue to fund such a program; a feasibility study was undertaken in Chiang Mai in June 1971 by Drs. Clark Cunningham, social anthropologist, and Theodore C. Doege, from the Department of Preventive Medicine and Community Health, who investigated possibilities for faculty and student exchange, research studies, and cooperative research programs. These programs will involve both the Urbana-Champaign and Medical Center campuses, as well as faculties other than the Faculty of Medicine at Chiang Mai University.

AAMC Foreign Fellowships for Medical Students

The Association of American Medical Colleges (AAMC) annually offers a limited number of fellowship opportunities to third- and fourth-year medical students wishing to spend an elective quarter overseas. These programs are funded through Public Health Service grants and administered by AAMC. To date, such programs have been limited to Israel and Yugoslavia, at varied locations within these countries. Awards include transportation and a small stipend for living expenses.

Medical Assistance Programs, Inc. (MAP) Foreign Fellowships for Medical Students

The MAP program offers junior and senior students enrolled in U.S. medical schools an opportunity to work and study in medically underdeveloped areas of foreign countries.

The purpose of the program is to provide selected medical students with special opportunities to benefit from unusual clinical experience in foreign countries; to study and practice preventive medicine in societies and cultures different from their own; to observe diseases not common in the United States; and to familiarize themselves with medical, cultural, and social problems characteristic of large segments of the world's population.

Eligible medical students who wish to apply may obtain additional information and application blanks from the Office of International Activities.

The program is made possible through MAP DeWitt Wallace Inter-

national Fellowship grants. Selection of applicants will take place semi-annually with deadline dates for submission of application February 1 and August 1.

Other Opportunities

Medical students, with school and/or departmental approval, may spend an alternate quarter in an education program outside of the United States. Previous clerkships have been spent in parts of Europe, Africa, and Asia.

A limited amount of financial support is available from the College of Medicine Office of International Activities to assist students in these programs. Information and financial support may also be obtained from the Medical Student Council and the Student American Medical Association.

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APPENDIX 1

Statement of Policy Regarding Programs for Minority Students

The College of Medicine is committed to actions and attitudes which will help identify and graduate greater numbers of students from minority groups of this country whose members are underrepresented among its physicians. While this commitment may require different admission criteria, the standards for graduation will remain uniformly high for all students. After admission, special needs of such students shall generally be met through mechanisms available to all students.

In consultation with the Committee on Educational Policy, the Academic Council shall establish a subcommittee (of the Committee on Educational Policy) on minority students. This subcommittee shall review ongoing programs and emerging problems and make recommendations for action or change as needed to the Academic Council through the Committee on Educational Policy.

The program of recruiting minority students from high schools and colleges into medicine shall be intensified, and shall receive encouragement and support from the college.

The Medical Opportunities Program shall continue to help students make formal application for admission to the College of Medicine. The Committee on Admissions of the college shall continue to employ a special screening subcommittee, and when appropriate apply differential standards in admitting greater numbers of minority students.

All efforts shall be made within the component schools of the college to develop programs for all students which include adequate counseling, adequate study space and independent study aids, opportunities for remediation when needed, and flexibility of time in completion of certification requirements. As a temporary expedient, some of these programs may be offered to minority students before being applied generally.

APPENDIX 2

A Policy Statement with Respect to the Participation of Women in the Medical Profession

It is the policy of the University of Illinois College of Medicine to:

1. encourage greater numbers of women to apply for admission to the college;
2. apply the same admissions criteria to women applicants as are applied to male applicants;
3. strive to —
   a) accommodate the special problems of women medical students, interns, residents, and practitioners,
   b) make Board certification possible in all specialty areas for women whose training may be on a part-time basis, and
   c) implement programs in continuing education with special reference to the needs of women;
4. promulgate activities that implement the spirit of the affirmative action program of the University of Illinois with respect to women.

APPENDIX 3

Statement Concerning Disruptive and Coercive Action

The Board of Trustees of the University of Illinois at its August meeting made a statement concerning disruptive and coercive action. The Board at its September meeting amended the statement by rephrasing and clarifying paragraph number seven and by amplifying paragraph number eight. The statement, as revised, is as follows:

In light of the University's experience in the area of student conduct and discipline over the past two years it appears desirable to clarify and restate certain guiding principles. The Trustees take this occasion to reaffirm their September 18, 1968, statement:

> "In view of previous actions of the Trustees and the University administration, there can be no uncertainty, within the University community or outside of it, that the Board of Trustees considers acts of violence, disruption, and interference with the rights of others to be wholly antagonistic to the spirit and purpose of the University of Illinois. Such actions constitute unacceptable behavior on the part of any University student or member of the faculty and staff. It is equally true that the principle of due process and the maintenance of procedures guaranteeing equitable treatment for all who are charged with such behavior are constitutional precepts by which this University must continue to be operated.
>
> "The Trustees do not expect on the one hand that illegal acts will be tolerated; neither on the other hand do they expect that those who are accused of such acts will receive capricious judgment."

The Trustees call upon all members of the academic community to join with them in a concerted effort to preserve the University from those who are committed to or are willing to participate in its disruption. At its January 15, 1969, meeting, the Board approved the following statement, previously adopted by the Urbana-Champaign Senate Committee on Student Discipline:

> "When, through the disciplinary process, a student is found to have knowingly engaged in a disruptive or coercive action, including knowing participation in a disruptive or coercive demonstration, the penalty will be dismissal or, upon a finding that substantial mitigating circumstances exist, suspended dismissal. A demonstration is disruptive or coercive if

it substantially impedes University operations, substantially interferes with the rights of others, or takes place on premises or at times where students are not authorized to be. There is no requirement that University authorities specifically order students to cease participation in a disruptive or coercive demonstration."

To provide further clarification of the University's expectations from its students, and to further define conduct which the Trustees view as constituting the "disruptive or coercive action" described in the January, 1969, statement, the following interpretations, to be designated as "Rules of Conduct Applicable to All Students Concerning Disruptive or Coercive Action," are effective immediately:

A student enrolling in the University of Illinois assumes an obligation to conduct himself in a manner compatible with the University's function as an educational institution and suitable to a member of an academic community. Conduct for which students are subject to discipline or expulsion includes, without limitation, knowingly engaging in a disruptive or coercive action. Disruptive or coercive action includes the following:

1. Participation in a disruptive or coercive demonstration. A demonstration is disruptive or coercive if it substantially impedes University operations, or substantially interferes with the rights of others, or takes place on premises or at times where students are not authorized to be. There is no requirement that University authorities order students to cease participation in a disruptive or coercive demonstration.
2. The use of force or violence, actual or threatened, to wilfully deny, impede, obstruct, impair, or interfere with —
   a) the freedom of movement of any member or guest of the University on property or facilities owned or controlled by the University; or
   b) the use of the property or facilities owned or controlled by the University; or
   c) ingress or egress to the property or facilities owned or controlled by the University; or
   d) the performance of institutional duties by a member of the University.

   The use of force or violence, actual or threatened, to knowingly occupy or remain in or at any property or facility owned or controlled by the University after receiving due notice to depart.

3. Unauthorized entry to or use of property or facilities owned or controlled by the University.
4. Physical abuse of any person on or at property or facilities owned or controlled by the University or in the course of a University activity.
5. Conduct which threatens or endangers the health or safety of any person, or creates in such person a reasonable fear that actual abuse is likely to follow.
6. Theft or defacement of or damage to property or facilities owned or controlled by the University, or by a member or guest of the University.
7. Failure to comply with directions of a member or agent of the University acting in the performance of his duty in connection with a potential or actual disorder.
8. Any conduct which substantially threatens or interferes with the maintenance of appropriate order and discipline in the operation of the University, or any conduct on University property or in connection with a University activity which invades the rights of others. Without excluding other situations, examples including shouting, noise-making, obstruction and other disruptive actions designed or intended to interfere with or prevent meetings, assemblies, classes or other scheduled or routine University operations or activities.
9. Inciting, aiding, or encouraging others to engage in a disruptive or coercive action.

When, through the disciplinary process, a student is found to have knowingly engaged in a disruptive or coercive action, as above defined, the penalty will be dismissal or, upon a finding that substantial mitigating circumstances exist, suspended dismissal. The Chancellors, in consultation with the President, are expected to institute and implement the necessary procedures for referral of appropriate cases to the disciplinary processes.

The Trustees also reaffirm their expectations that the Chancellors of the individual campus, in consultation with the President, will place into effect other regulations, procedures, or measures deemed necessary or appropriate to meet an emergency, to safeguard persons and property, and to maintain educational activities. Examples of emergency measures include the imposition of curfew or other crowd control measures, and the imposition of interim suspension upon any student where there is

reasonable cause to believe he has engaged in any disruptive or coercive act. Those placed on interim suspension shall be given prompt notice of charges and the opportunity of a prompt hearing. It is expected that disciplinary procedures shall be invoked for violation of University or campus regulations, whether or not such violations are also violations of law, and whether or not proceedings are or have been pending in the courts involving the same acts.

The Trustees are cognizant of the interim "hearing officer" procedure now being utilized by the Urbana-Champaign Senate Committee on Student Discipline and the discussions of procedural changes going forward on all campuses. The Trustees have a continuing interest in the development of innovative methods to guarantee the due process and equitable treatment principles enunciated in the prior statements of the Trustees. At the same time, the Trustees consider it essential that the disciplinary process operates efficiently and effectively. Accordingly, the Trustees request the Committees and the administration to report, not later than the October 1970 Board meeting, concerning the efficacy of the interim "hearing officer" and other procedures.

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FOR FURTHER INFORMATION

About admission to the College of Medicine, write or talk to the Director of Admissions and Records, University of Illinois at the Medical Center, 1737 West Polk Street, Chicago (mailing address: P.O. Box 6998, Chicago, Illinois 60680).

About matters of finance, loan funds, part-time employment, parking permits, or other questions involving student welfare and campus life, write or talk to the Dean of Student Affairs at the Medical Center, 1737 West Polk Street, Chicago (mailing address: P.O. Box 6998, Chicago, Illinois 60680).

About matters relating to housing, write or call the Office of the Director of Housing at the Medical Center, 818 South Wolcott Avenue, Chicago (mailing address: P.O. Box 6998, Chicago, Illinois 60680).

About the Graduate College at the Medical Center, write or talk with the Dean of the Graduate College at the Medical Center, 1737 West Polk Street, Chicago (mailing address: P.O. Box 6998, Chicago, Illinois 60680).

About the James Scholar Program for Independent Study in the College of Medicine, write or talk with the Coordinator of the Program, 1853 West Polk Street, Chicago (mailing address: P.O. Box 6998, Chicago, Illinois 60680).

About matters especially relating to the Chicago Circle campus, write or talk to the Director of Admissions and Records, University of Illinois at Chicago Circle, P.O. Box 4348, Chicago, Illinois 60680.

About matters relating especially to the Urbana campus, write or talk with the Director of Admissions and Records, University of Illinois, at Urbana-Champaign, Urbana, Illinois 61801.